

Name
in
Full

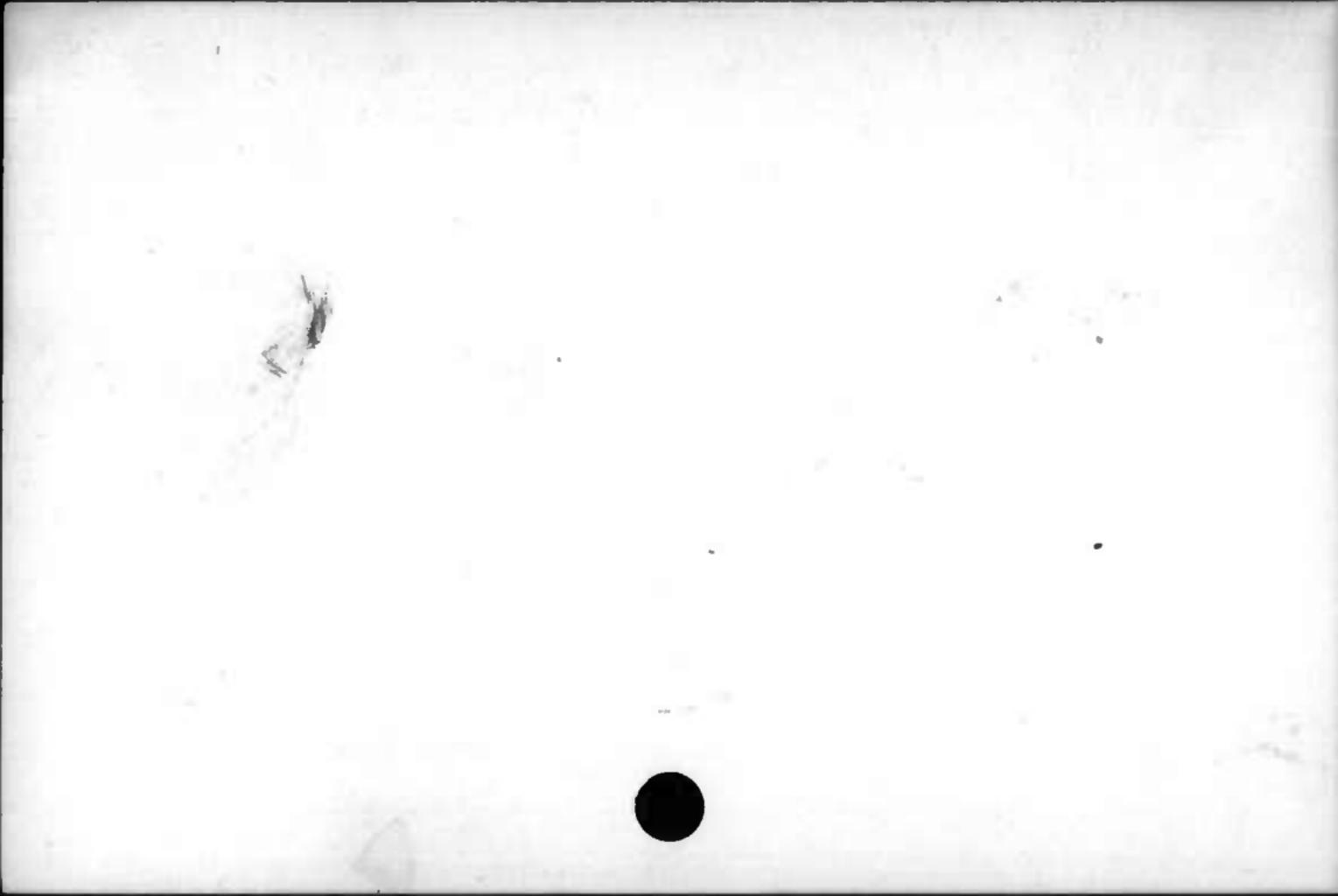
John H. Alsip

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	Sep.	12	59	5	12
Sex	Color or Race	Birth-place			
Male	white	Maryland			
Married, Single or Widowed	Occupation				
Married	Front Gorver				
Name of Wife	Sarah E Reynolds				
Father's Name	Joseph Alsip				
Mother's Maiden Name	Elizabeth Yoder				
Name of person giving Information	Mrs. Frank Alsip				
CAUSES OF DEATH					
Primary	Chronic Gastritis			How long	18 mo -
Immediate	Acute Indigestion			How long	2 or 3 hours -
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	John M. Stark	
			Address	Smashaway Md.	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Cornelius Artz.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1903	Month Sept	Day 21	Years 81	Months 7	Days -
Sex	male	Color or Race	white	Birth-place	Md.	
Occupation	Retired Merchant			Where Residing if not at place of death	Hagerstown, Md.	
Married, Single or Widowed	widower	Name of Wife or Husband	Mary Artz			
Father's Name	David Artz.			Father's Birthplace	Md.	
Mother's Maiden Name	Catherine Hammer			Mother's Birthplace	"	
Name of person giving Information	John C. Artz			How related to deceased	son.	

CAUSES OF DEATH

Primary	<u>Limberly</u>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		a. P. Stumpf Hagerstown, Md.
	Address		
Accident or Suicide?			

Name
in
Full

Wanda May Brining

CERTIFICATE OF DEATH

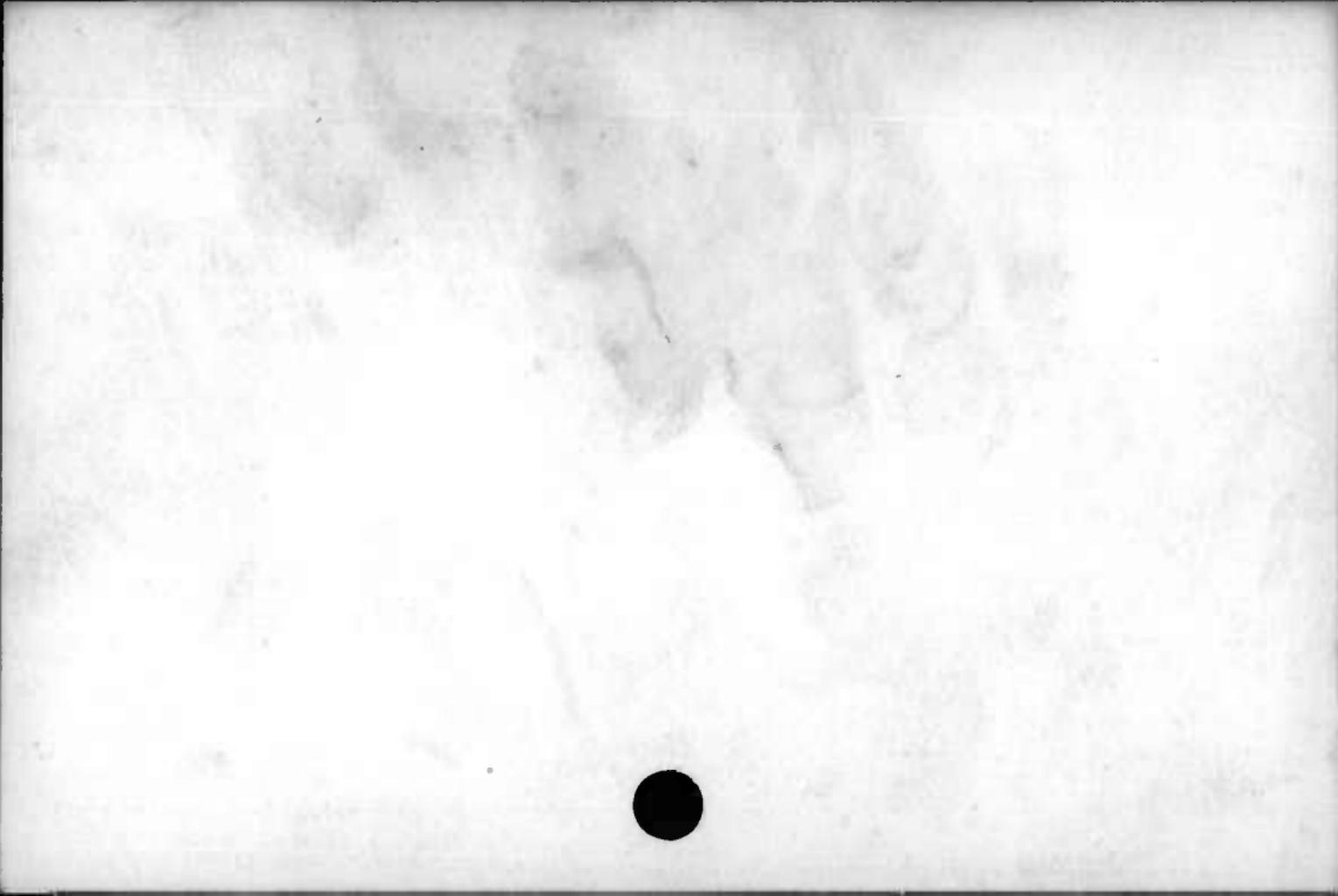
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Baltimore	Baltimore		Wash				
Date of death 1903	Month Sept	Day 28	Age 18	Years	Months	Days	
Sex Female	Color or Race white				Birth-place	Baltimore	
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Wm. Brining		X		Father's Birthplace		
Mother's Maiden Name	Katie Rudy				Mother's Birthplace		
Name of person giving Information	Mother				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria		How long	2 weeks
Immediate	Heart Failure		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. Davis	
		Address	Boonsboro	
Accident or Suicide?				



Name
in
Full

Goldie Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	Sept	4	1	-	5
Sex	Color or Race	Birth-place			
Female	Black	Md			
Occupation	Where Residing if not at place of death				
Child	105.				
Married, Single or Widowed	Name of Wife or Husband				
-	-				
Father's Name	Father's Birthplace				
Goldie Brown	Ja				
Mother's Maiden Name	Mother's Birthplace				
Catharine Stickle	Ja				
Name of person giving information	How related to deceased				
Goldie Brown	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

colic in patient

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Jones, M.D.
146 West Franklin St
Hagerstown, Md.

Accident or Suicide?

Miranda Evadine Brown

Town

Eakes Mill

County

Washington

MARYLAND

Died at

Month

Day

Y. M. D

Native of

Date 1903

9 24

Age
Married

9.10.20

Md

Occupation

~~the~~

Female

Colored

Single

~~the~~

Widower

~~the~~

Number of children living

Husband of

Wife

Father's Name

John R Brown

Mother's Maiden Name

Mary Caloman

How long sick

Cause of

Primary

Death

Immediate

Struck by Engine

Accident, Suicide, Homicide

Reported by

Wm. A. Hines

Keedysville Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1903	Month 9	Day 28	Years	Months 2	Days
Sex	Female	Color or Race	White	Birthplace	Maryland	
Occupation	Where Residing if not at place of death			"		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Albystus Olden			Father's Birthplace	Md.	
Mother's Maiden Name	Sarah Olden			Mother's Birthplace	Md.	
Name of person giving information	Sarah Olden			How related to deceased	Grandmother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congestion of Brain

How long

10 hours

Immediate

How long

"

Are the name, age, sex, color, date and place correctly given above?

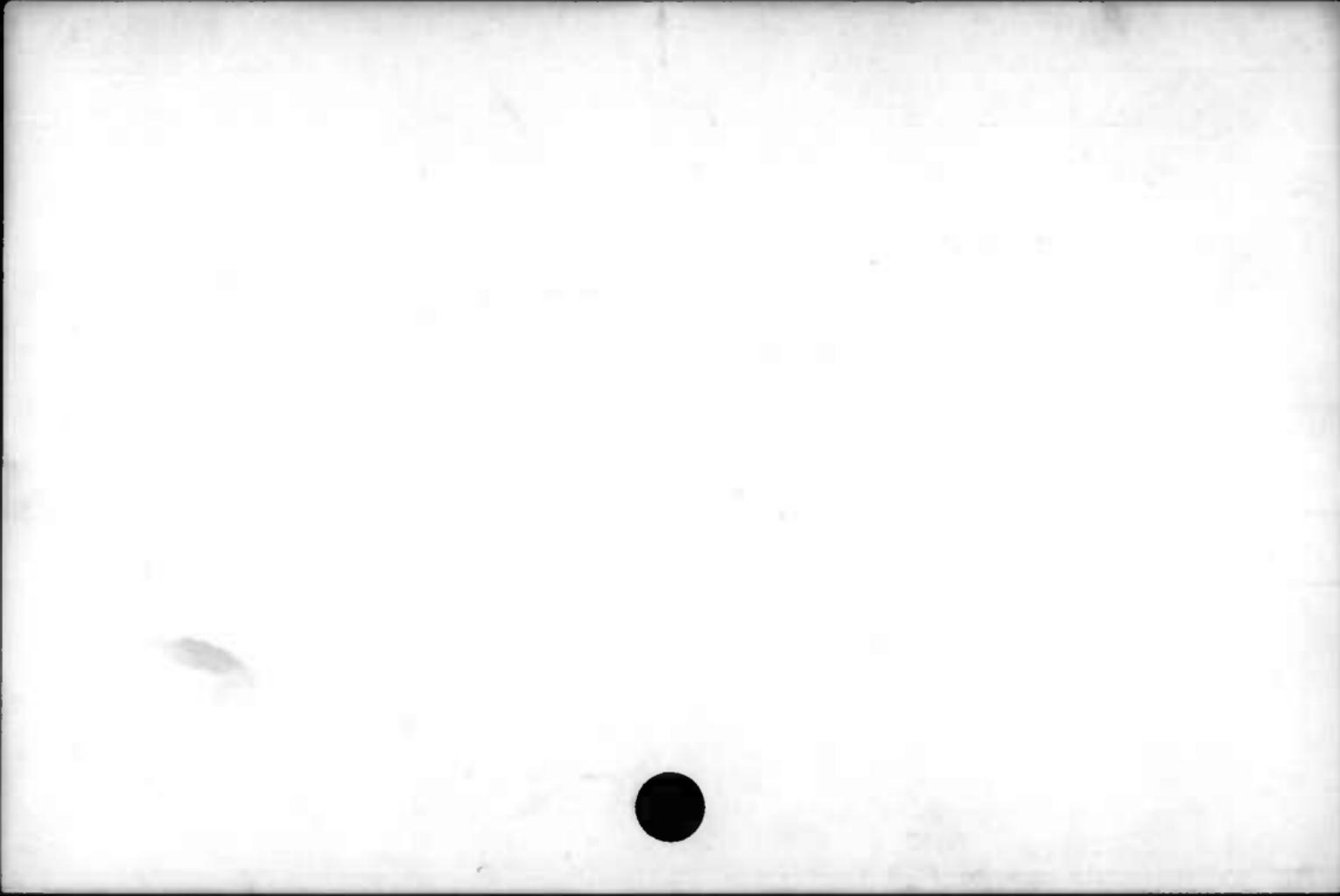
"
jpx

Signature of Physician

Address

J. T. Justice, M.D.
Brownsville
Md.

Accident or Suicide?



Name
in
Full

William C. Cooper

CERTIFICATE OF DEATH

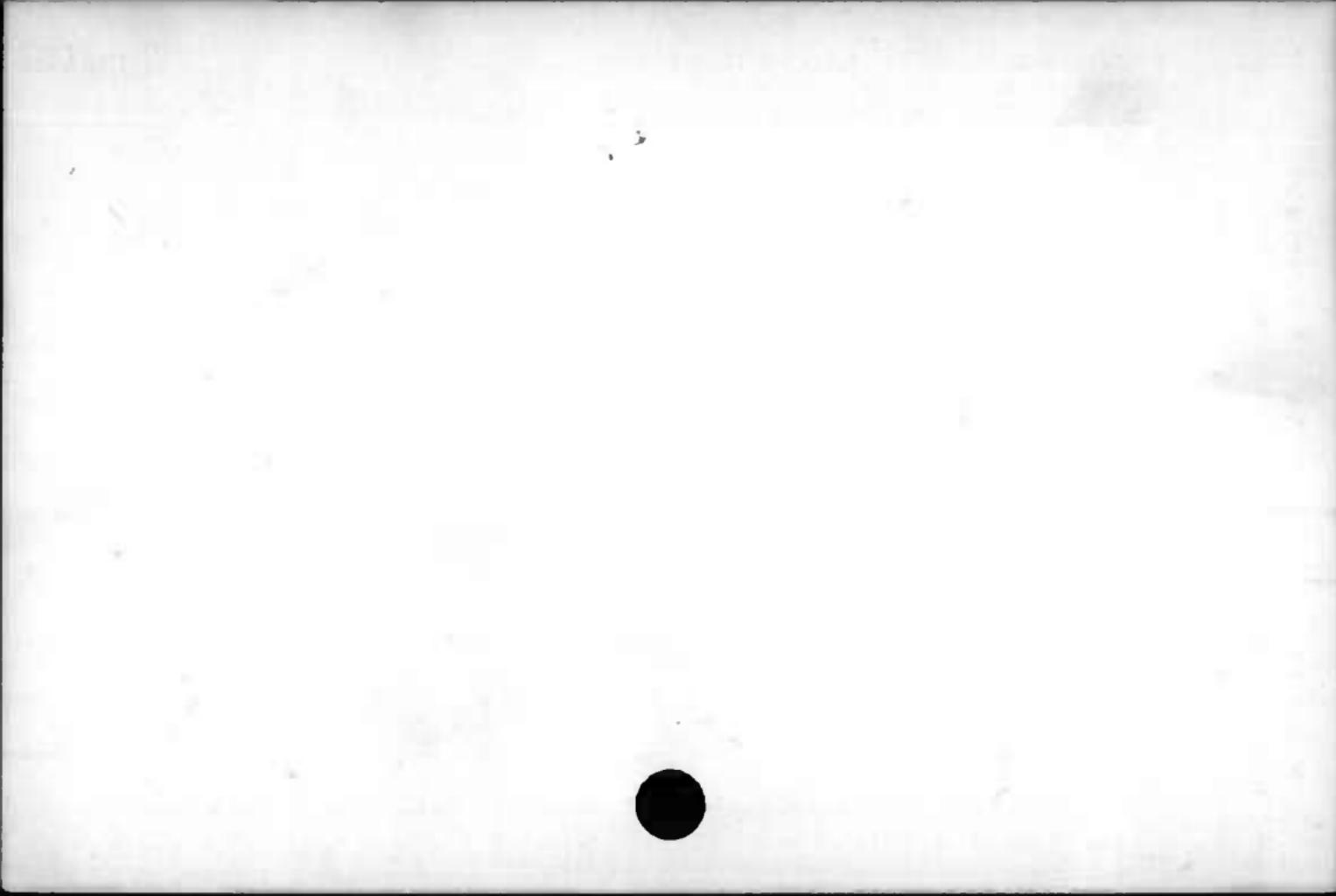
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903	Sept	14	—	3	—	
Sex	male	Color or Race	white	Birth-place	Md.	
Occupation	child	Where Residing if not at place of death	Hagerstown			
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Conley G. Cooper		X		Father's Birthplace	
Mother's Maiden Name	Barrie Asliby		X		Mother's Birthplace	
Name of person giving information	C. G. Cooper		X		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	
Signature of Physician	Clara E. Ely M.D.	
Address	28 W. Franklin St	
Accident or Suicide?		



Name
in
Full

William L. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY

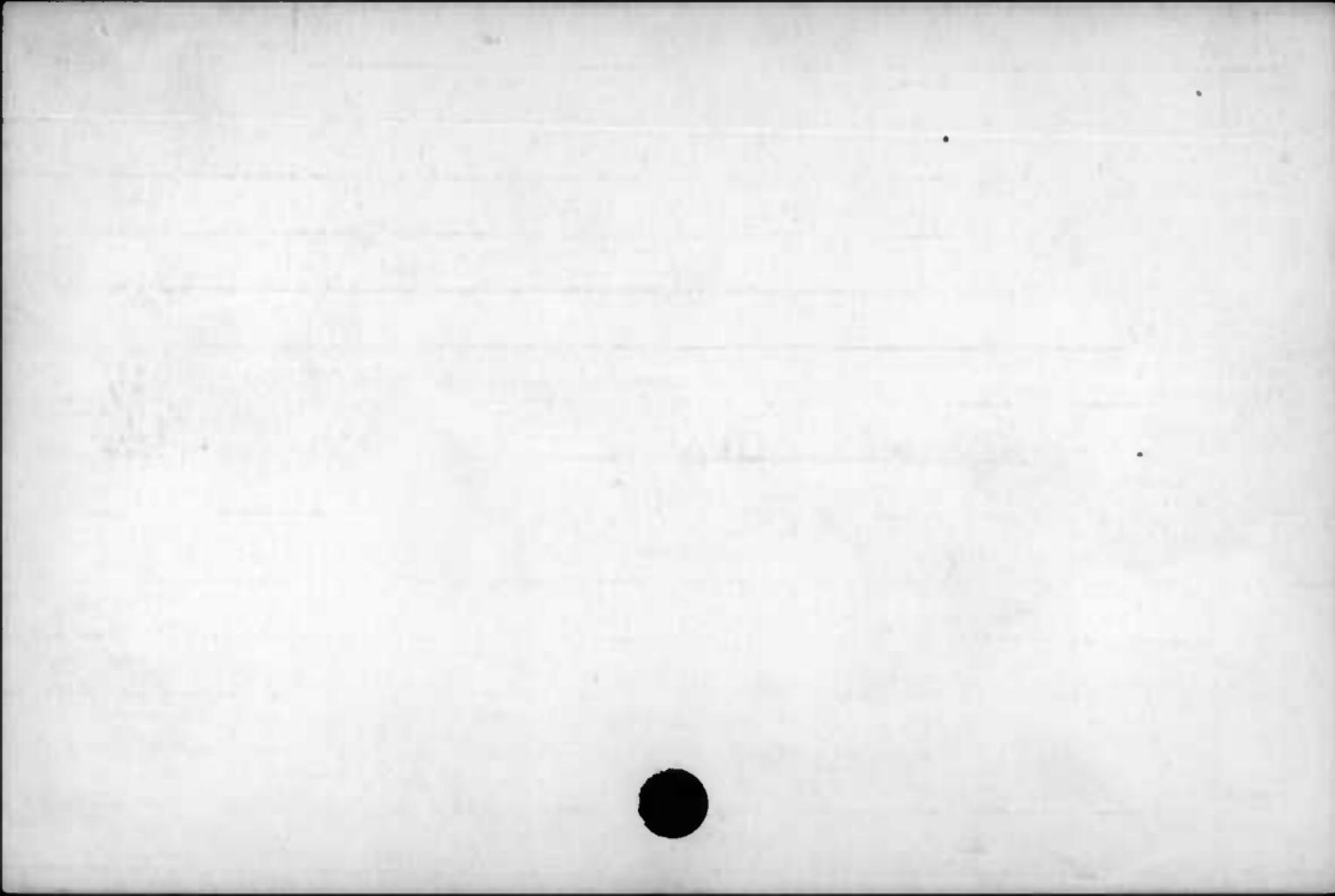
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age		
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Lowell L. Cooper	Father's Birthplace				
Mother's Maiden Name	Lizzie Ashby	Mother's Birthplace				
Name of person giving Information	Lowell L. Cooper	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		No.



John A. Cross

Died at Town County MARYLAND
Braver Creek WashDate 1903 Month Day Y. M. D. Native of Occupation
Sept. 18 63-7-24 Wash Co Laborer
Male White Married Widower Divorced
Female Colored Single Widower Number of children living 9Husband of ~~Eliz. Woods~~ ~~Eliz. Woods~~Father's Name Inv. W. Cross Mother Matilda —
Maiden Name

Cause of Primary Heart Disease

How long sick
Sudden death -

Death Immediate

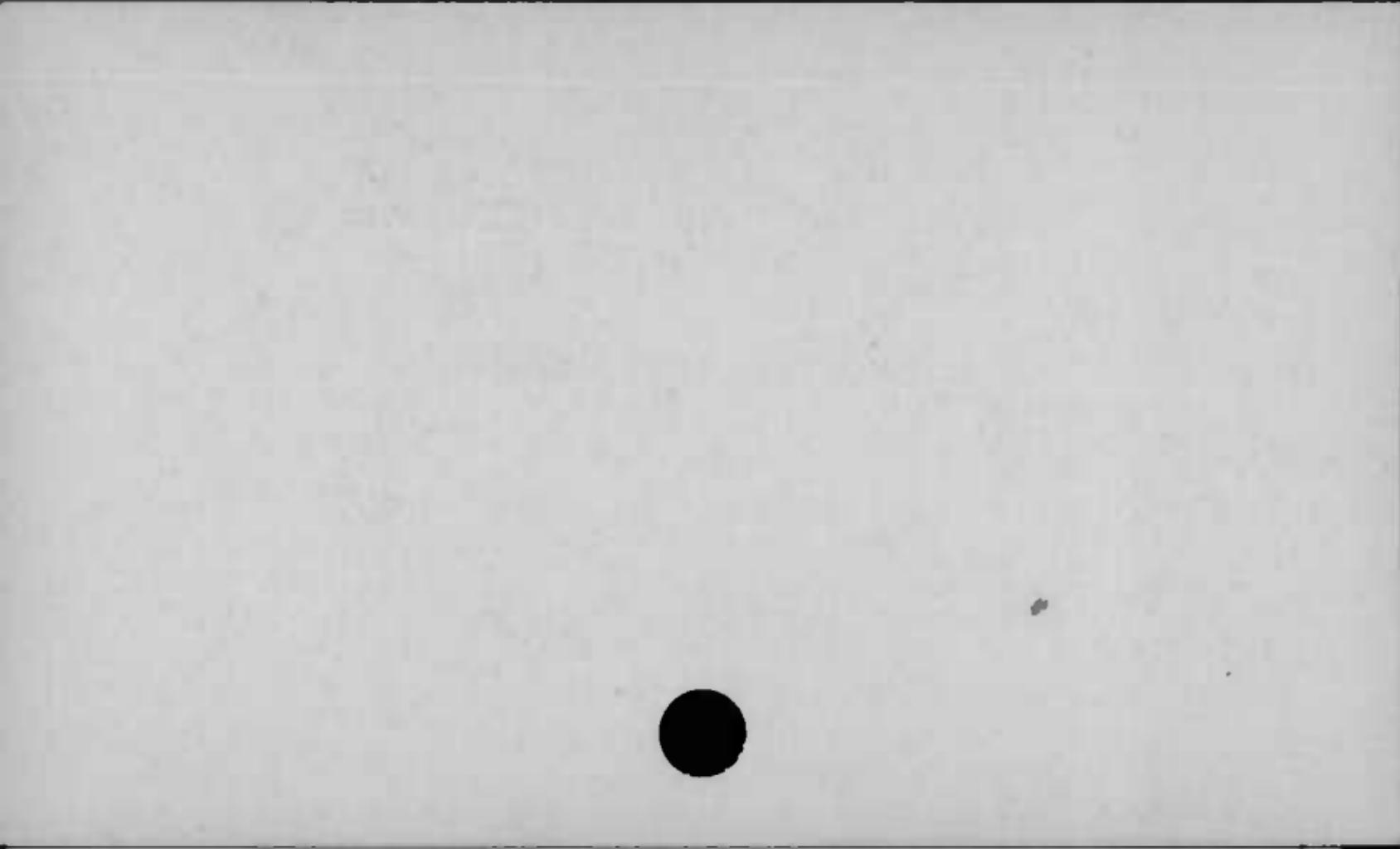
Accident, Suicide, Homicide

Reported by Dr. F. F. Davis

Address Boonsboro

Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Slick

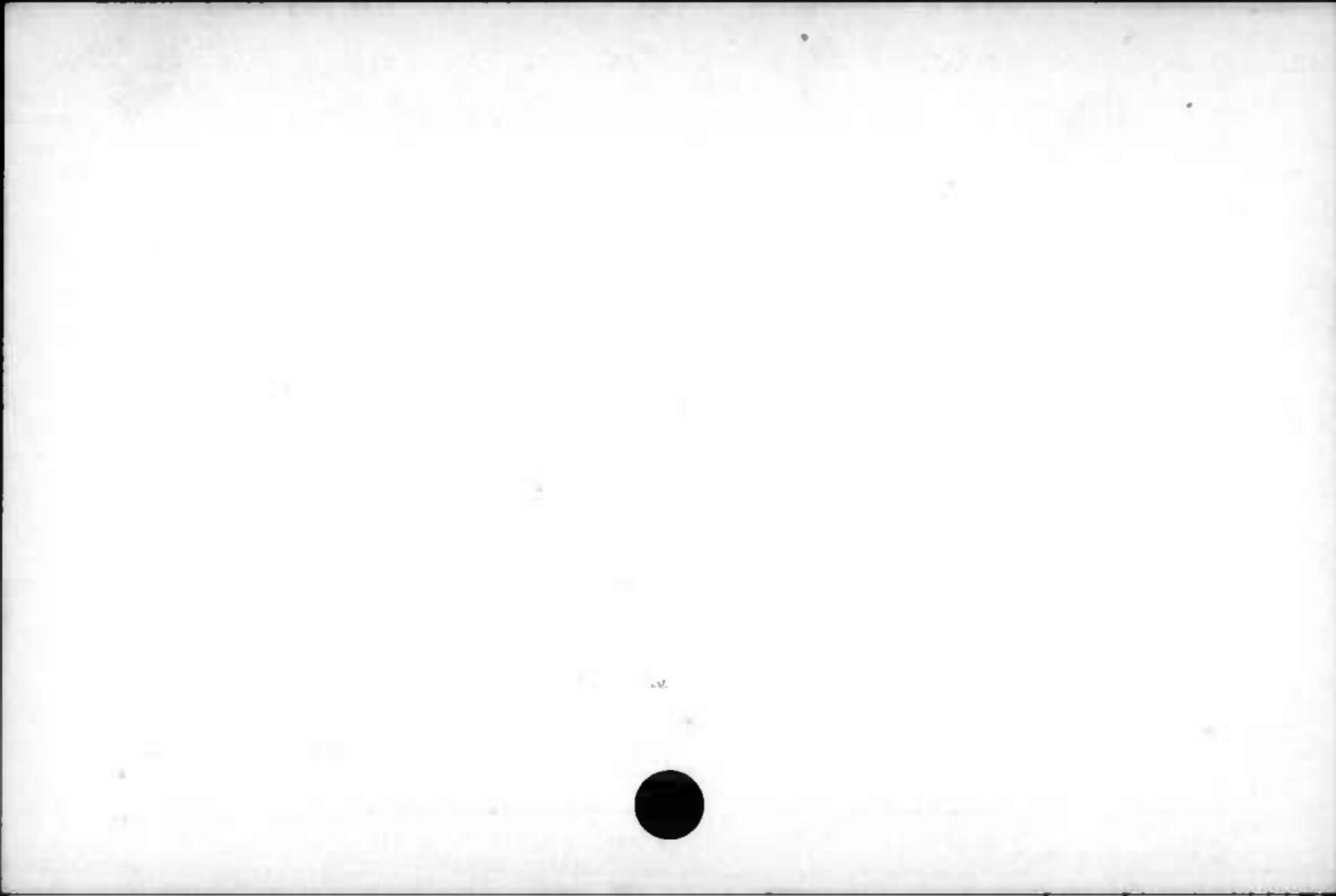
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 18	Years 22	Months	Days
Sex Male	Color or Race White	Birth-place Smoketown			
Married, Single or Widowed Single	Occupation Labourer				
Name of Wife or Husband					
Father's Name Jacob Slick	Father's Birthplace Maryland				
Mother's Maiden Name Mary Doyle	Mother's Birthplace "				
Name of person giving information John Reese	How related to deceased Son				

CAUSES OF DEATH

Primary	Typhoid		How long
Immediate	Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. T. Smith
		Address	Brownsville
Accident or Suicide?			Ind.



Name
in
Full

Still Born

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 19	Month	Years	Months
Sex	Age	Days	Days
Occupation	Color or Race	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Walter D. Dowell	Father's Birthplace	Na
Mother's Maiden Name	Ada Dawson	Mother's Birthplace	Na
Name of person giving Information	Ada Dawson	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

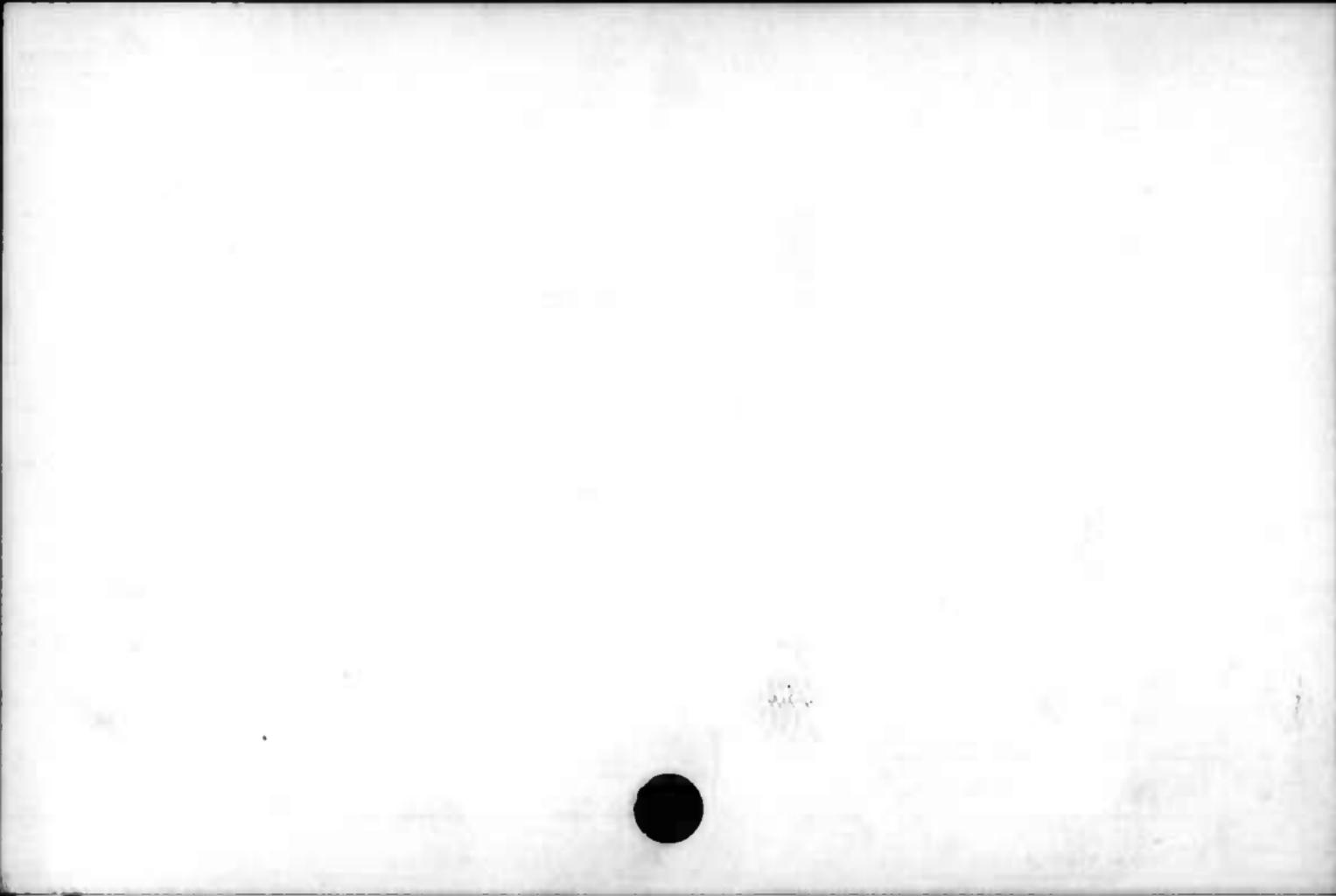
yes

Signature of Physician

Address

Dr. Wally J. Harvey
228 Sunburst Ave
Hagerstown MD

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Minnie Barbara Emmet

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1903	Month 9	Day 10	Years Age 22	Months 1	Days 10
Sex	Female	Color or Race	White	Birth- place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Isaac Emmet Jr				Father's Birthplace	Md
Mother's Maiden Name	Mary L Young				Mother's Birthplace	Md
Name of person giving Information	Isaac M Tendert				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Since July 1902

Immediate

How long

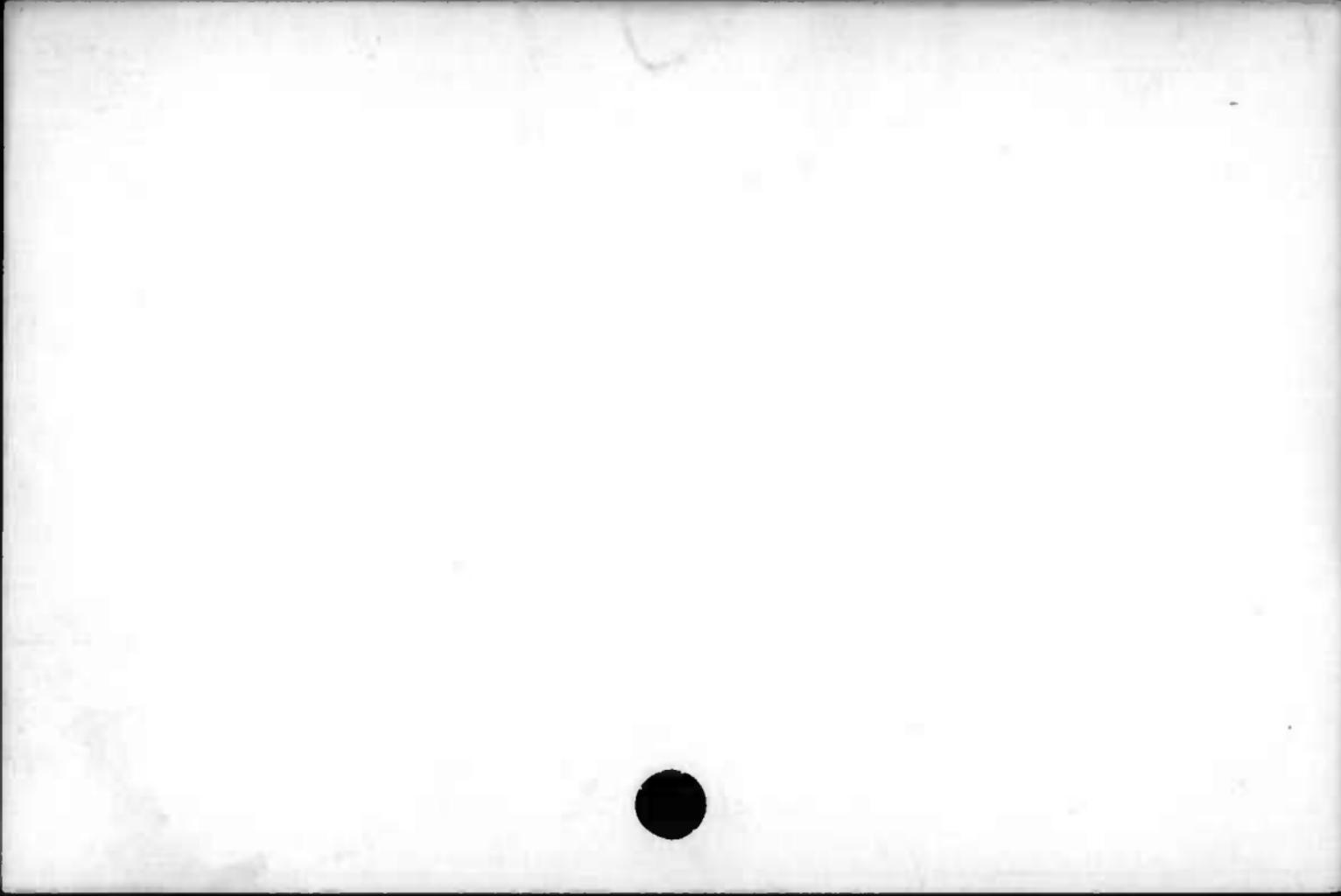
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

O.P. Slanaper
Hagerstown
Md

Accident or Suicide?



Charles E. Fridniger					CERTIFICATE OF DEATH	
Died et Date of death 1901		Town Month 9	County Day 10	Age Years 6	MARYLAND Months 10 Days 9	
Sex Male		Color or Race White	Birth- place Md			
Occupation ____		Where Residing if not at place of death ____				
Married, Single or Widowed		Name of Wife or Husband Charles E. Fridniger		Father's Name Delia J. Fahey		Father's Birthplace Md
Mother's Maiden Name				Mother's Birthplace Md		
Name of person giving Information				How related to deceased Father		Father
CAUSES OF DEATH						
Primary	Lung and Diphtheria Exhaustion -			How long 2 days		
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Victor Guiller Jr.		
				Address Hagerstown Md		
Accident or Suicide? _____						



Name
in
Full

Estta Grant

CERTIFICATE OF DEATH

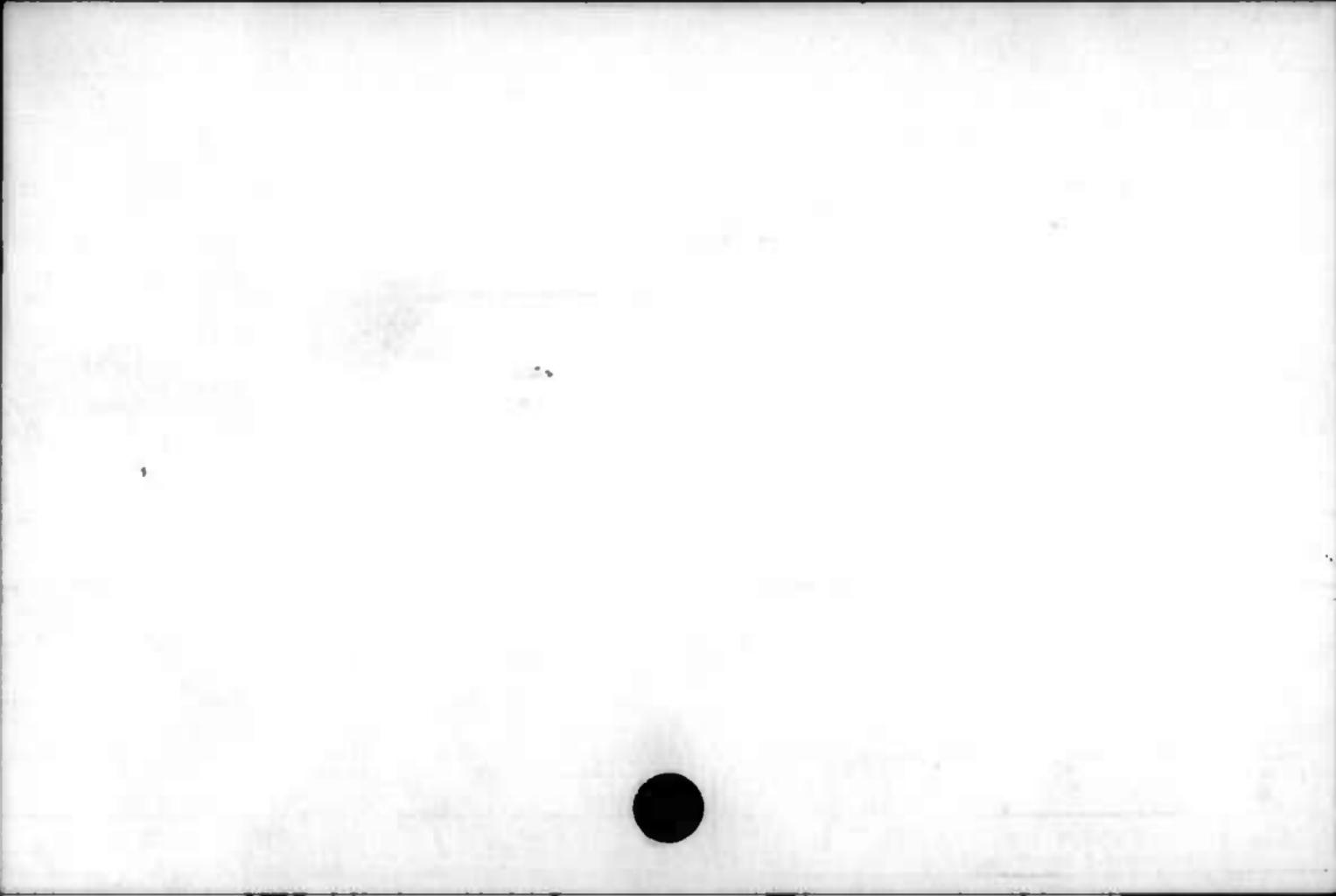
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month Sept	Day 7	Years	Month 5	Days 24	
Sex	Female	Color or Race	Colored		Birth place	Hagerstown	
Occupation	Child	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	William Grant		Father's Birthplace		MD		
Mother's Maiden Name	Rosa Rosenvy		Mother's Birthplace		MD		
Name of person giving information	William Grant		How related to deceased		Father		

CAUSES OF DEATH

Primary	Acute Meningitis Cerebral	How long	Three days
Immediate	Failure of Respiration	How long	~
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. M. Taggart
		Address	47 N. Franklin St., Hagerstown, Md.
Accident or Suicide?			



Name
in
Full

Ruth V. Grant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 9	Day 12	Age 1	Years	Months 5	Days	
Sex Female	Color or Race	Black		Birth-place	Md		
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name	James Grant		Father's Birthplace	Md			
Mother's Maiden Name	Kora Jackson		Mother's Birthplace	W. Va			
Name of person giving information			How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

one hour.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. Schell
Hagerstown

Accident or Suicide?

Florence Gratálene Garfield
TOWN County

Town

County

Died at St. Brien's on Aug 30th 1919

MARYLAND

Date 1959 Sept 15 | Age 7 | Sex M
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name _____

Mother's
Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 days.

Assident, Suicide, Homicide

Reported by

С е в я р

John D.

Address

Robrenville

Graylans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Annie Ethel Grove

Town

County

Died at

Indian Springs

Washington

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

White

White

Age

-

-

-

Ind

Married

Colored

Single

Widow

Divorced

Female

Female

Widower

Number of children living

Husband of _____

Wife

Father's

Name

Cause of

Death

Reported by

Address

John D. Grove

Mother's
Maiden Name

Annie E. Penner

Primary

Immediate

How long sick

Accident, Suicide, Homicide

J. P. Perry, M.D.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Anna. Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Keep Trust</u>			County <u>Washington</u>			MARYLAND	
Date of death <u>1903</u>	Month <u>9</u>	Day <u>29</u>	Age <u>88</u>	Years <u>88</u>	Months <u>"</u>	Days <u>"</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>Housewife</u>			Birth-place <u>Macquarie</u>	<u>Yarrowstring</u>	
Married, Single or Widowed <u>Single</u>							
Name of Wife or Husband <u> </u>							
Father's Name <u>Isaac Hines</u>	15						
Mother's Maiden Name <u>Anna Fisher</u>							
Name of person giving Information <u>P. Albert Hines</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile degility

How long

34m

Immediate

Roac Lancer

How long

2 "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

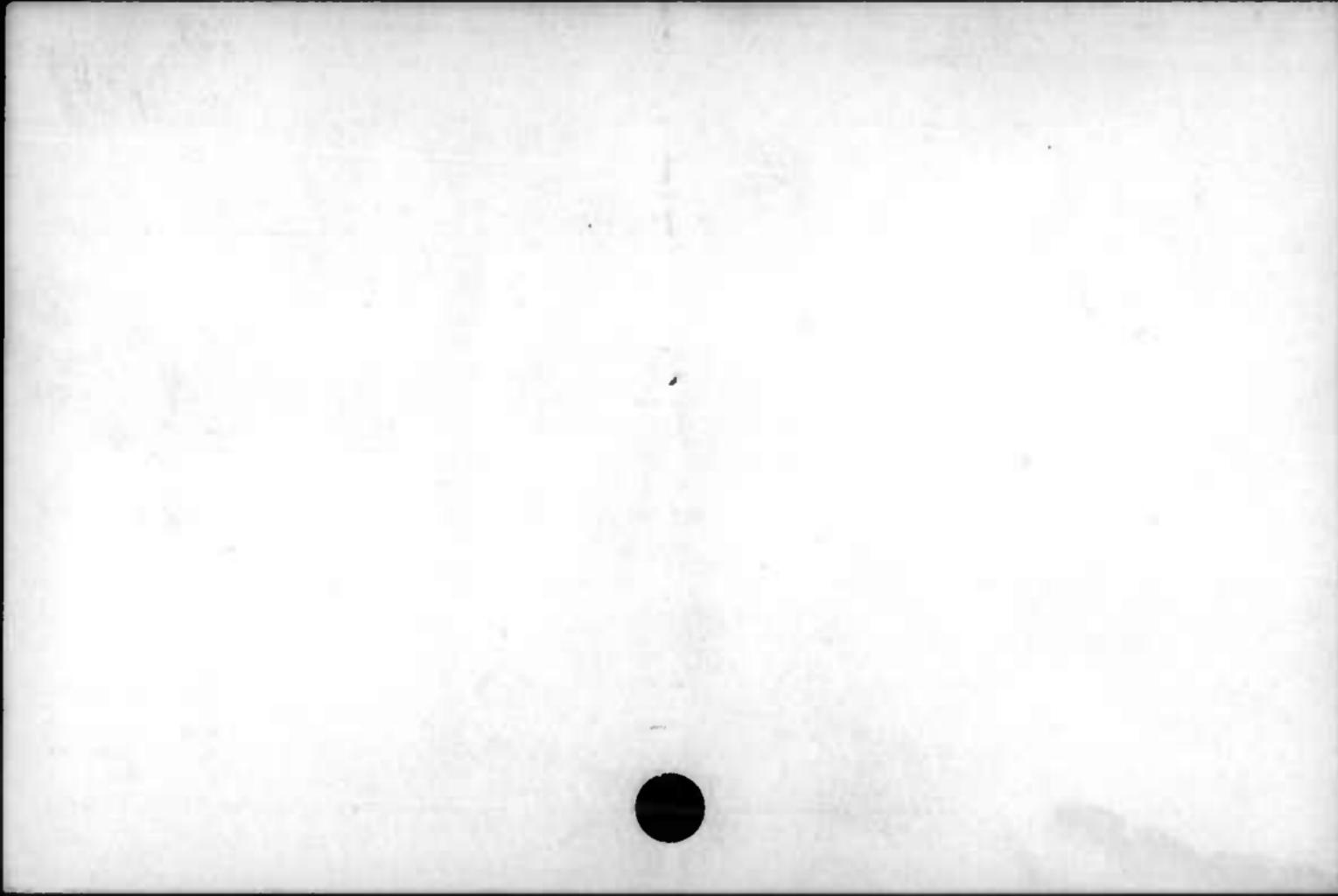
Address

J. T. Younce

Brownsville

Macyland

Accident or Suicide?



Name
in
Full

Rebecca Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	Sept.	5	65	11	21
Sex	Color or Race	Occupation			
Female	White		Birth-place	Not-Know	
Married, Single					
Name of Husband	Winton Hoover				
Father's Name	Walt. know				
Mother's Maiden Name	" " " "				
Name of person giving Information	Rebecca Hoover				
	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Obstruction Heart Disease

How long

Years

Immediate

Fright - Shock.

How long

Few minutes.

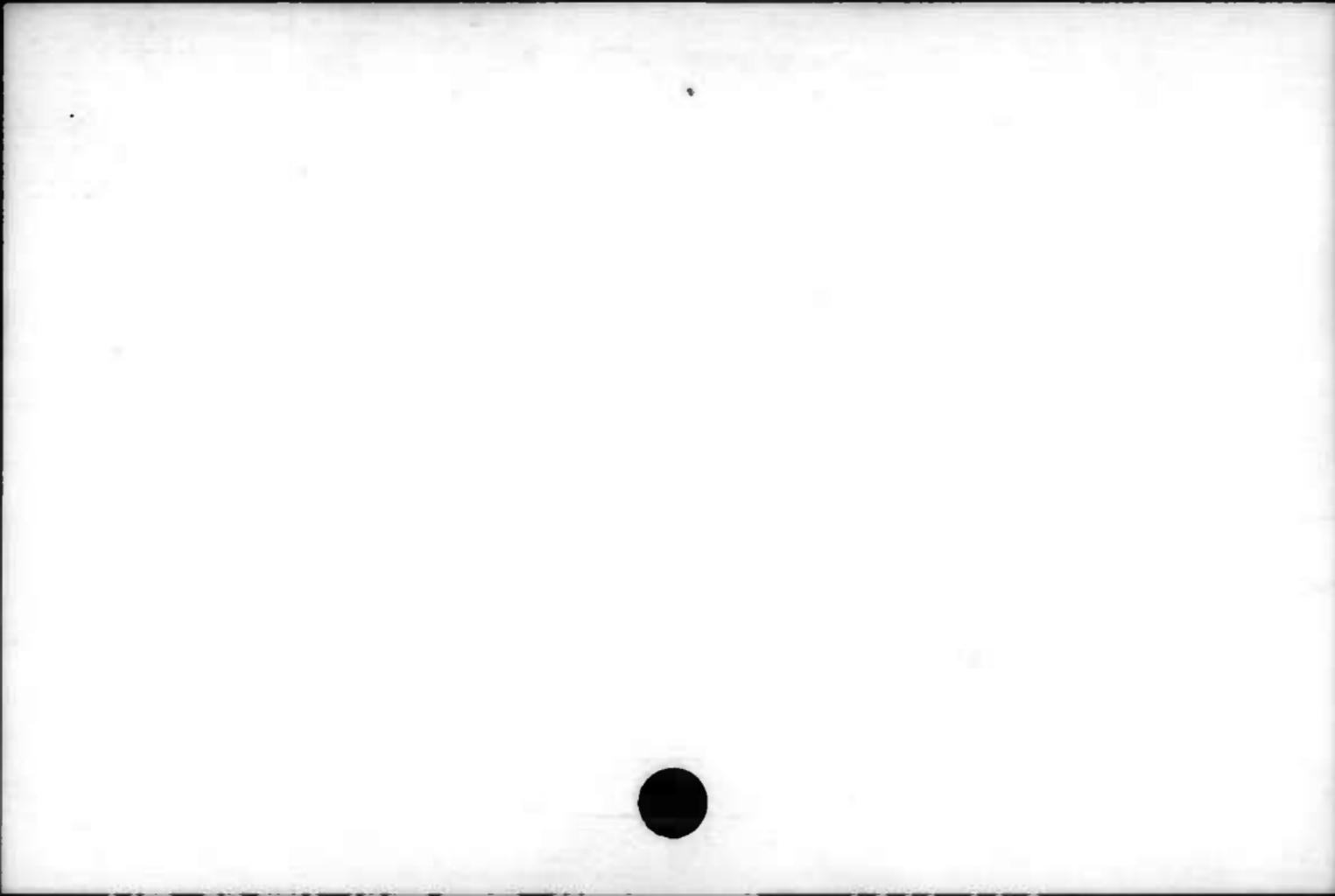
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. W. Garrett,
Shippensburg, Pa.

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Hagerstown		Washington				
Date of death	1903	Month 9	Day 8	Years	Months	Days
Age	Still Born	Still Born	Still Born	Still Born	Still Born	Still Born
Sex	Male	Color or Race	White	Birth-place	Hagerstown	
Occupation	Still Born	Where Residing if not at place of death			Still Born	
Married, Single or Widowed	child	Name of Wife or Husband	child			
Father's Name	John A. Rose	Father's Birthplace	Ind			
Mother's Maiden Name	Genova M. Reedy	Mother's Birthplace	Ind			
Name of person giving information	John A. Rose	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

How long

Still Born

Immediate

How long

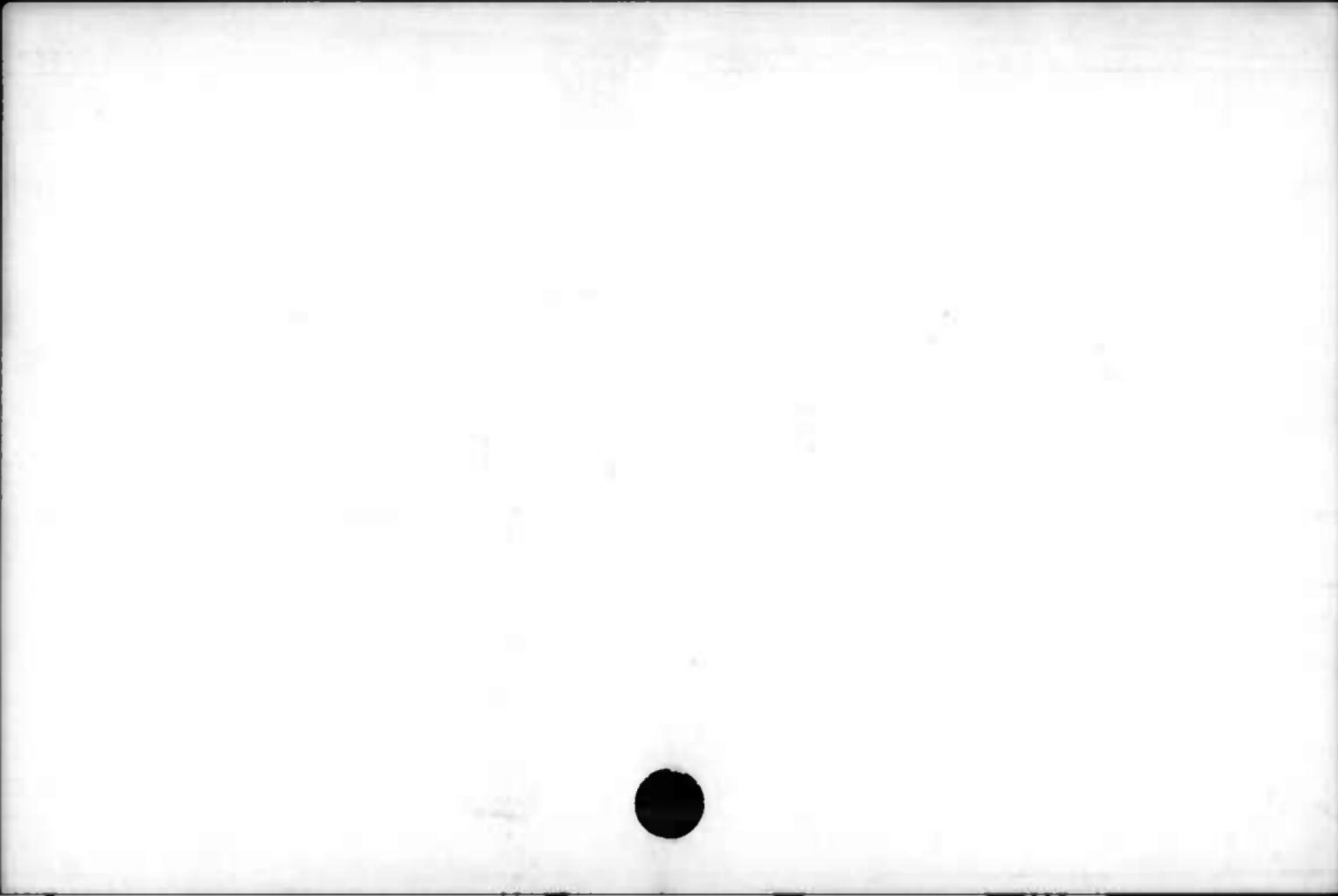
Are the name, age, sex, color, date and place correctly given above?

Address

Signature of Physician

J. E. Pitsioglis

Accident or Suicide?



Name
in
Full

Lavinia M. Hulzel

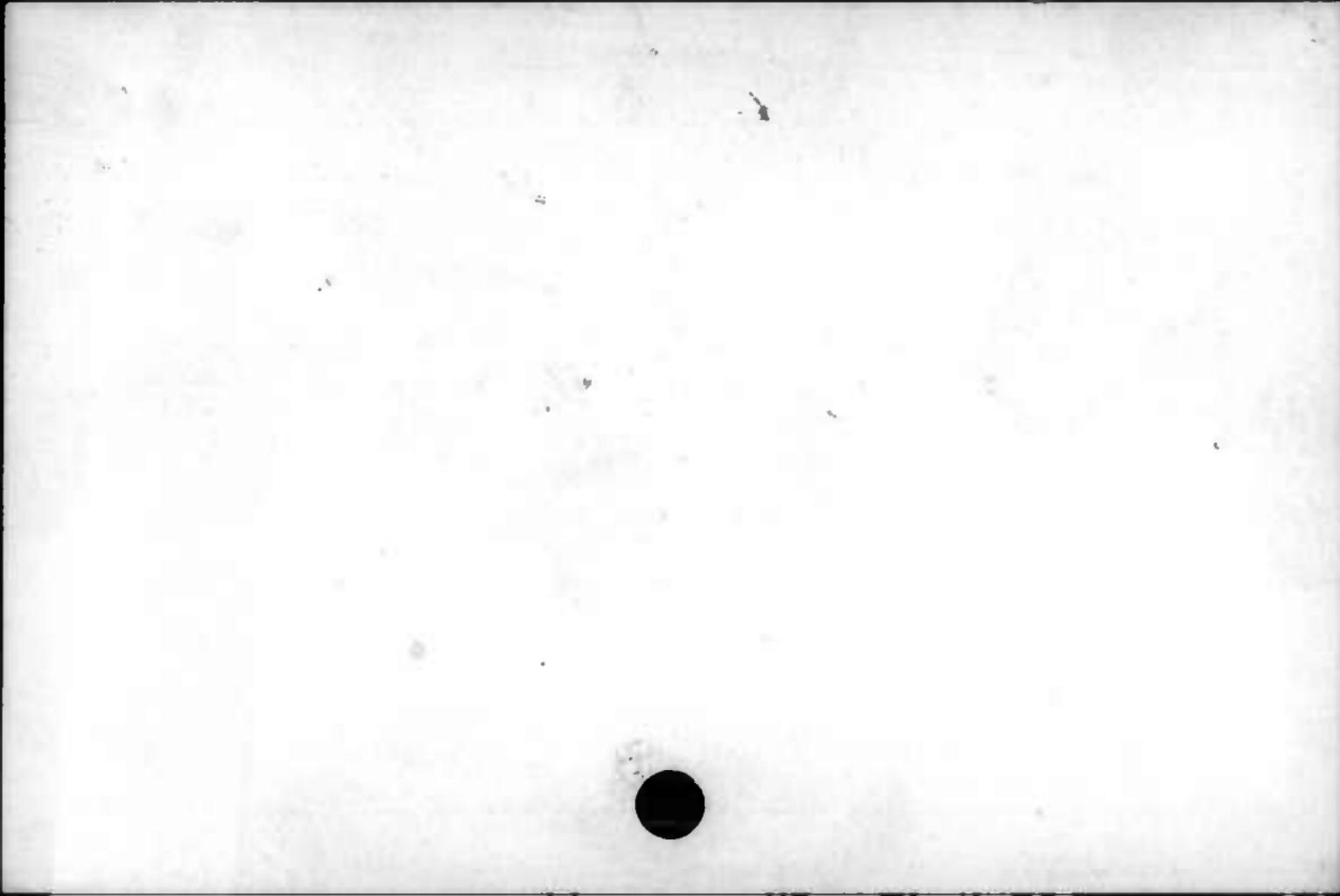
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Bowensboro	Washington			
Date of death 1903	Month Sept.	Day 10	Years 30	Months 11	Days 7
Sex Female	Color or Race White	Birth-place Bowensboro			
Married, Single or Widowed	Married	Occupation Housewife			
Name of Wife or Husband	Veronica Hulzel				
Father's Name	William Griffith				
Mother's Maiden Name	Georgeanna Eastley				
Name of person giving information	Father				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis	How long 2 years
	Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. T. Smith	
		Address Bowensboro	
Accident or Suicide?			



Name
in
Full

Lydia E. Jordan

CERTIFICATE OF DEATH

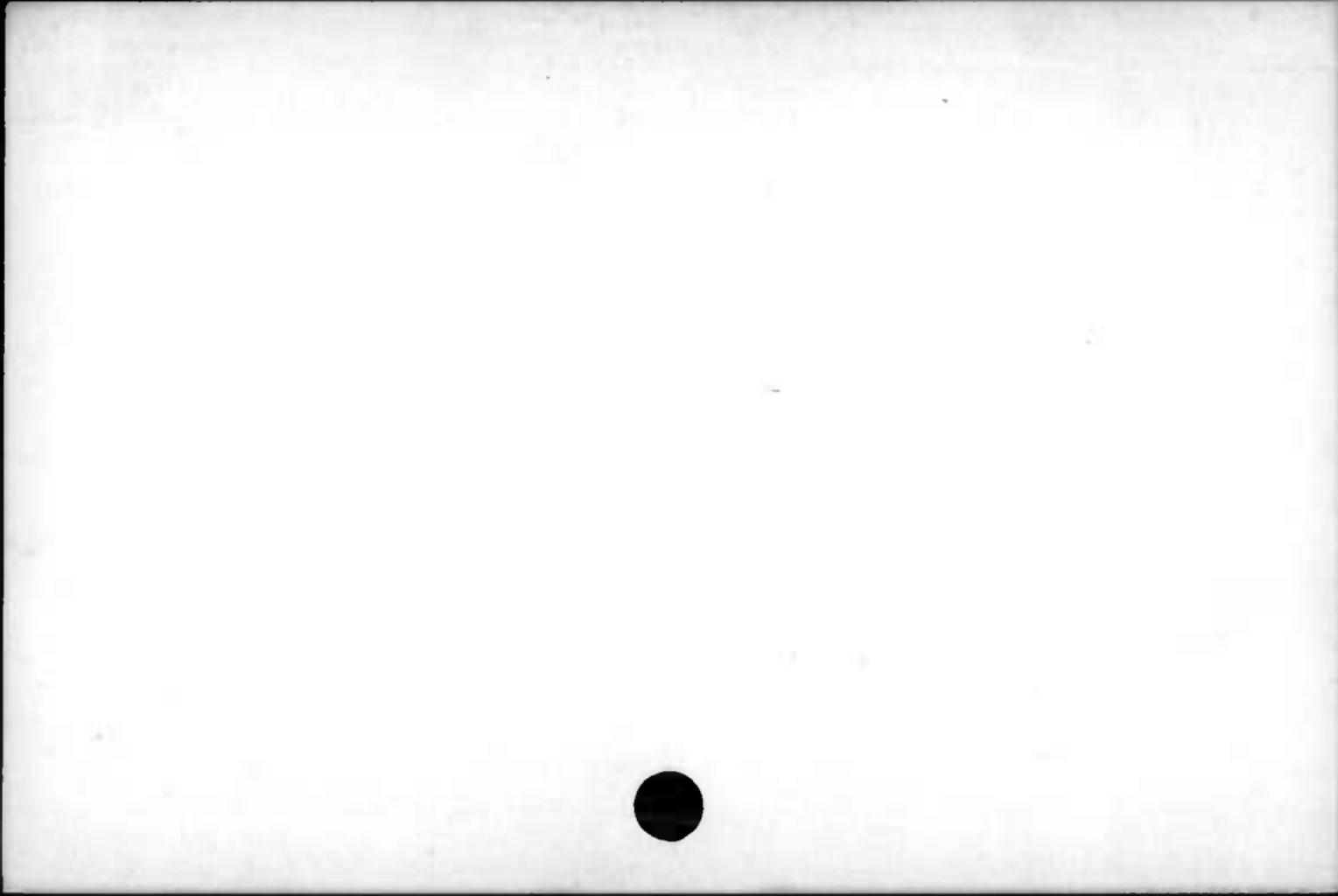
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Lydia James	Washington				
Date of death	Month	Day	Years	Months	Days
190	9	19	30	6	
Sex	Color or Race	Birth-place	native town		
Female	white				
Married, Single or Widowed	Occupation	House keeping			
Married					
Husband	Harry G. Jordan				
Father's Name	Mr. Reichner				
Mother's Maiden Name	Lydia E. Reichner				
Name of person giving information	Harry G. Jordan				
	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal Peritonitis	How long	10 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. M. Reichard
		Address	Fairplay
Accident or Suicide?			



Name
in
Full

Theodore Francis Raets

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town			County	MARYLAND		
Died at	Eakles Mills			Washington			
Date of death	Month	Day	Age	Years	Months	Days	
1903	9	3			4	13	
Sex	Color or Race			Occupation			
Male	- Colored			None			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	Josephine Raets			Father's Birthplace	Eakles Mills		
Mother's Maiden Name	Minnie Johnson			Mother's Birthplace	Hagerstown		
Name of person giving information	Josephine Raets			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis
Exhaustion

How long

4 m.

Immediate

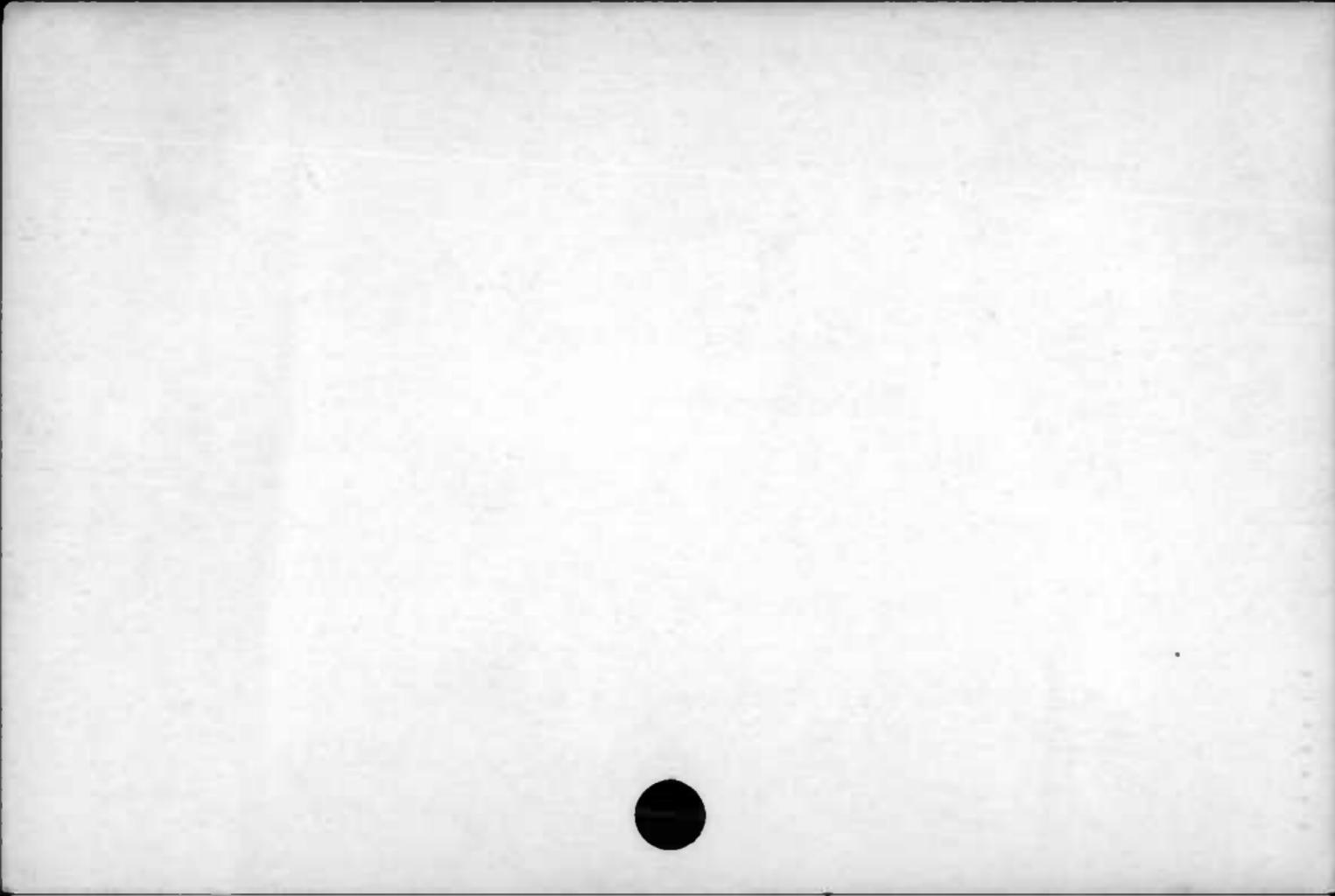
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. W. Weiser
Kensville
Md



Name
in
Full

Elizabeth Kohler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1903	Sept	24	85	X	A
Sex	Female	Color or Race	White	Birth-place	Fairfield Pa.
Married, Single or Widowed		Occupation	House		
Name of Wife or Husband	Abraham H Kohler				
Father's Name	William Kohler				
Mother's Maiden Name	Not Known				
Name of person giving Information	A. H. Kohler				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age.

How long

6 Months

Immediate

Paralysis - Heart Failure

How long

4 Days

Are the name, age, sex, color, date and place correctly given above?

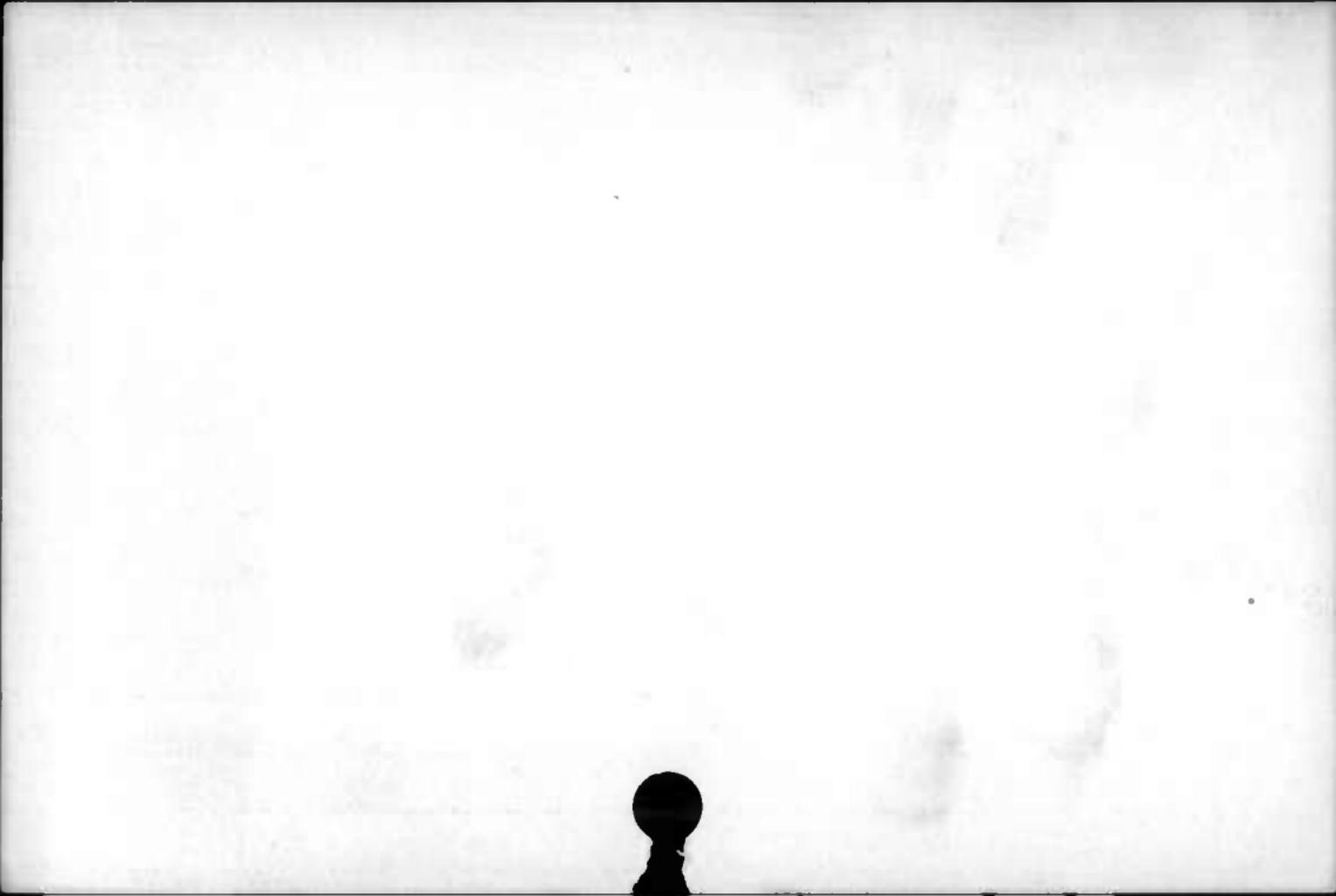
Signature of Physician

Address

J. J. Johnson

Smithsburg Md

Accident or Suicide?



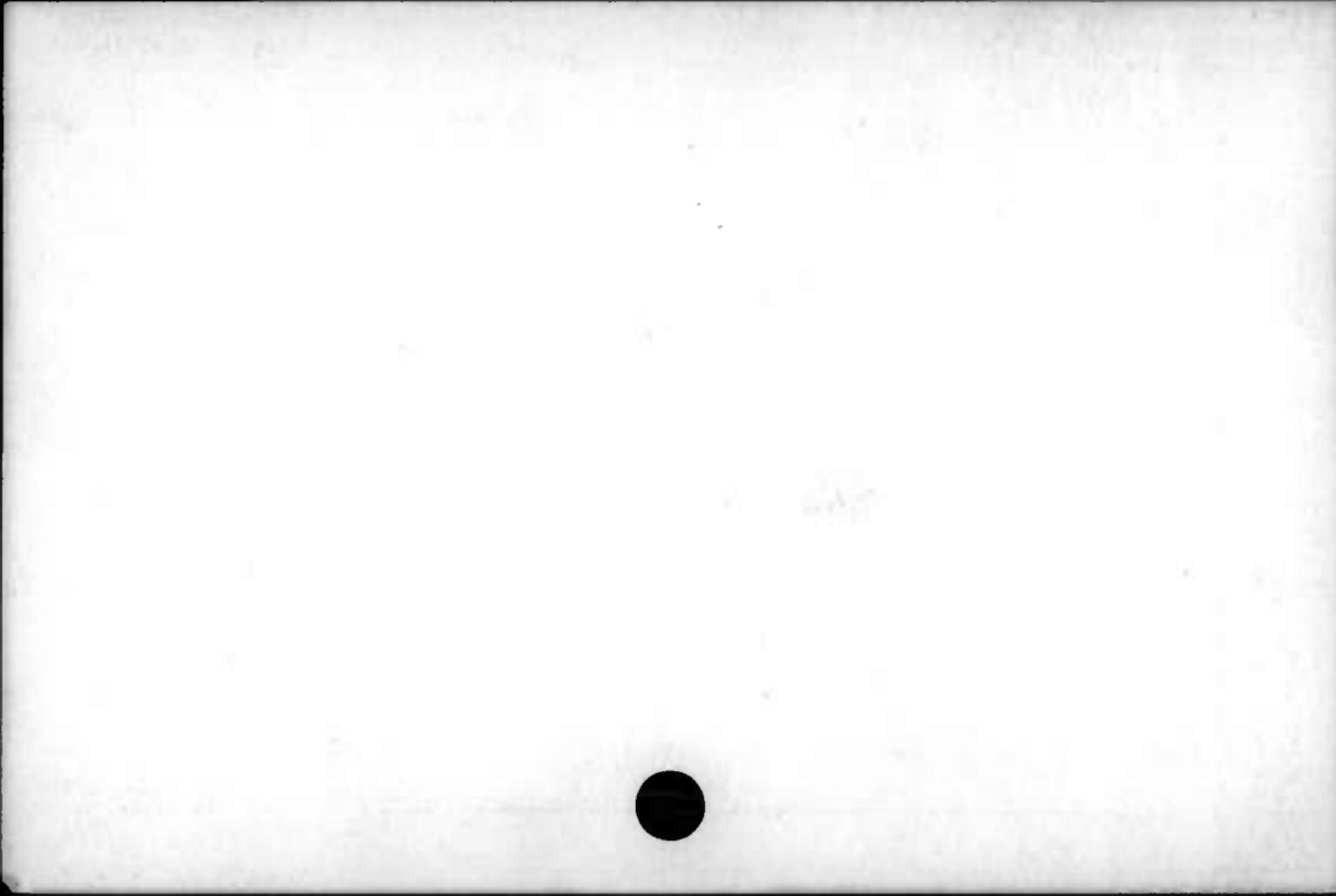
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Totika Lashley</i>						CERTIFICATE OF DEATH	
Died at <u>Hancock</u> Town			<u>Washington</u> county			MARYLAND	
Date of death 1903	Month Sept	Day 30	Age 66	Years	Months 2	Days 21	
Sex Female	Color or Race White	Occupation House wife			Birth-place <u>Elkinsville Pa.</u>		
Married, Single or Widowed Widower	Name of Wife or Husband <u>Henry C. Lashley</u>			Father's Name <u>Willemin Dickey</u>	Birthplace <u>Bedford Co Pa.</u>		
Mother's Maiden Name <u>Isabel Robinson</u>	Name of person giving information <u>Susan Lashley</u>			Mother's Name	Birthplace " "		
How related to deceased Daughter							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Paralysis, Hemiplegia</u>	How long 9 days
	Immediate <u>Uterine</u>	How long 9 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Kawast.</u>
		Address <u>Hancock</u>
Accident or Suicide? <u>No</u>		



Name
in
Full

Gloucester 710. name No 1523
Wmspk

CERTIFICATE OF DEATH

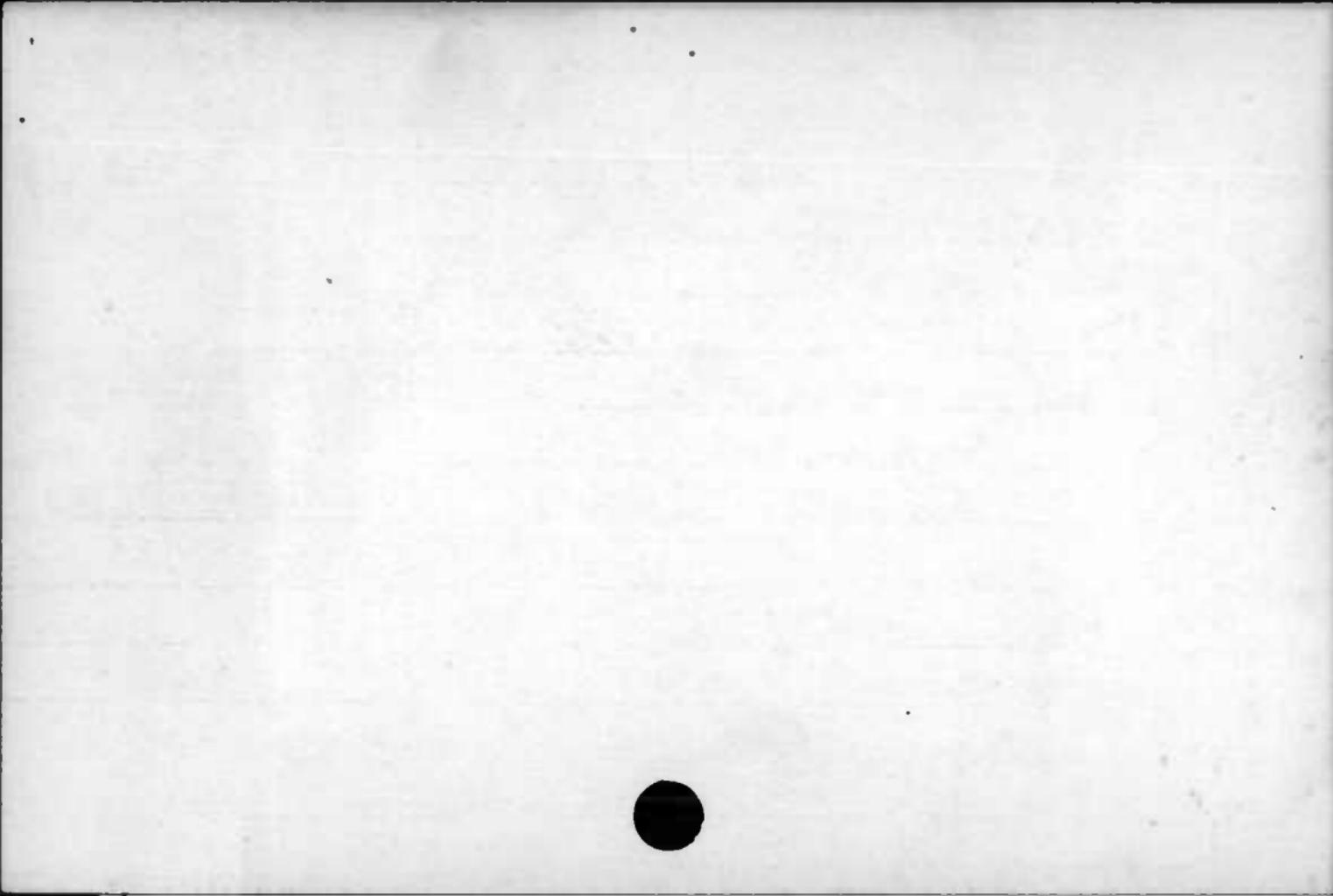
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month	Day	Years	Months Days
Sex	Color or Race	Occupation	Birth-place	
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name	Samuel Stevens	15	Father's Birthplace	Wmspk
Mother's Maiden Name	Lucinda		Mother's Birthplace	
Name of person giving information			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	Shueyachis
Immediate	Prostration	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Richardson
		Address	Williamsport
Accident or Suicide?			



Name
in
Full

Martin Linn
Keadyville

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

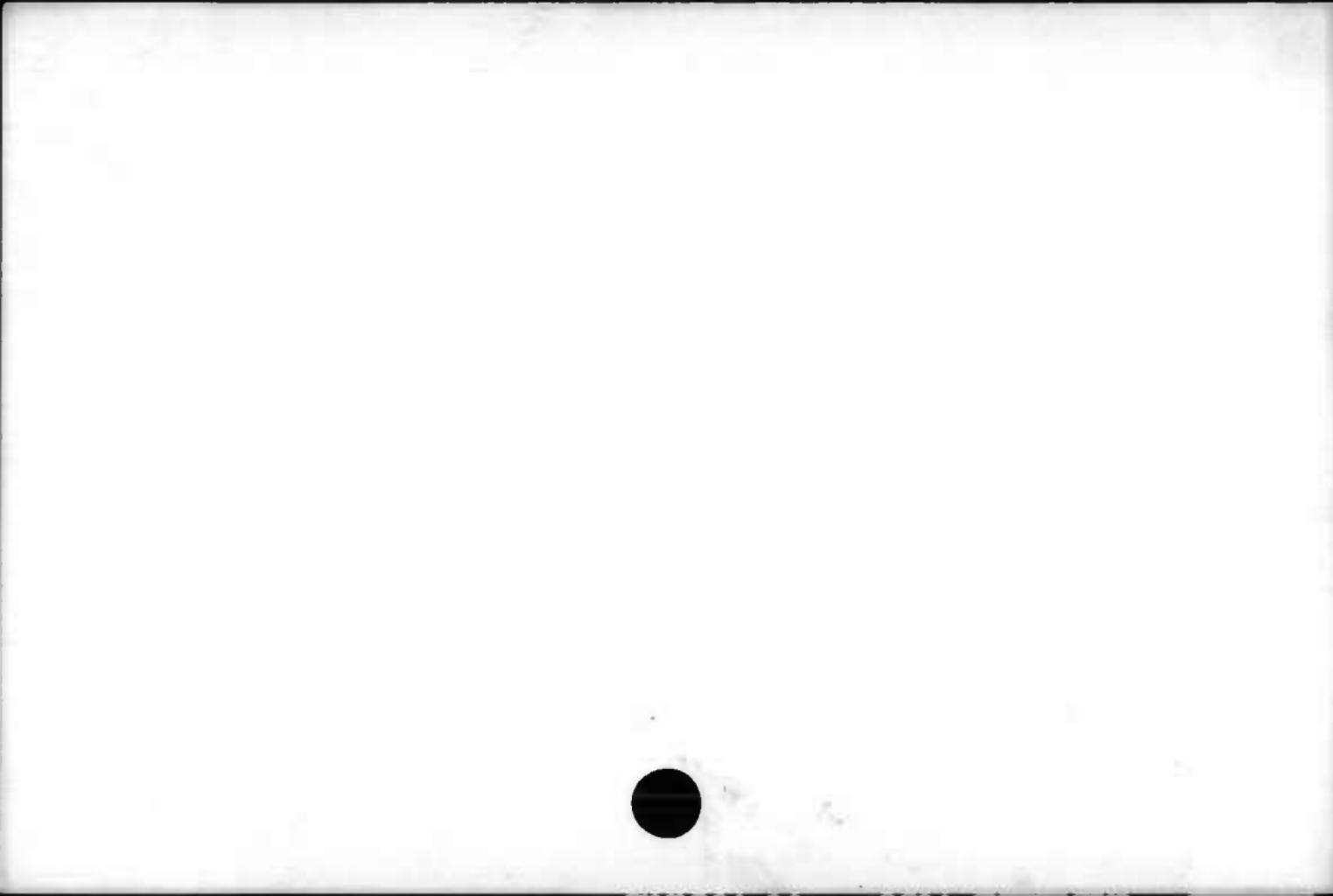
Died at	Town	County	
Date of death 1903	Month 9	Day 25	Years 84
Sex Male	Color or Race White	Birth-place Maryland	Months 8 Days 24
Married, Single or Widowed Widowed	Occupation Farmer		
Name of Wife or Husband Sophia Linn			
Father's Name George Linn		Father's Birthplace Maryland	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown	
Name of person giving Information	Gania Linn	How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis	How long	Two Years
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. M. Kiser
		Address	Keadyville Md.
Accident or Suicide?			





Name
in
Full

Mrs. Frances M. E. Graw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>New</u> <u>Baltimore</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death 1903	Month Sept.	Day 7th	Years	Months	Days
Sex Female	Color or Race White	Occupation <u>Housewife</u>	Birth-place Maryland		
Married: <u>W.</u>			Father's Name <u>Aaron L. M. Graw</u>	Father's Birthplace Md.	
Name of Wife or Husband			Mother's Name <u>Freeland Lester G.</u>	Mother's Birthplace "	
Father's Name			Mother's Maiden Name <u>Martha Barnhart</u>	How related to deceased Husband	
Mother's Maiden Name			Name of person giving information <u>A. K. M. Graw</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Broken neck - probably</u>	How long —
Immediate —	How long —

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
<u>Accident.</u>	

G. M. Garrett.
Baltimore, Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	48	3	—
Married, Single or Widowed	Occupation	Birth-place	Lovelessville Va		
Name of Wife or Husband	Frank Merriman, Saphra Merriman	Father's Birthplace	Lovelessville		
Father's Name	James Booth	Mother's Birthplace	Lovelessville		
Mother's Maiden Name	Saphra E Booth	How related to deceased	Husband		
Name of person giving information	Frank Merriman				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suicide

How long

Immediate

Suicide

How long

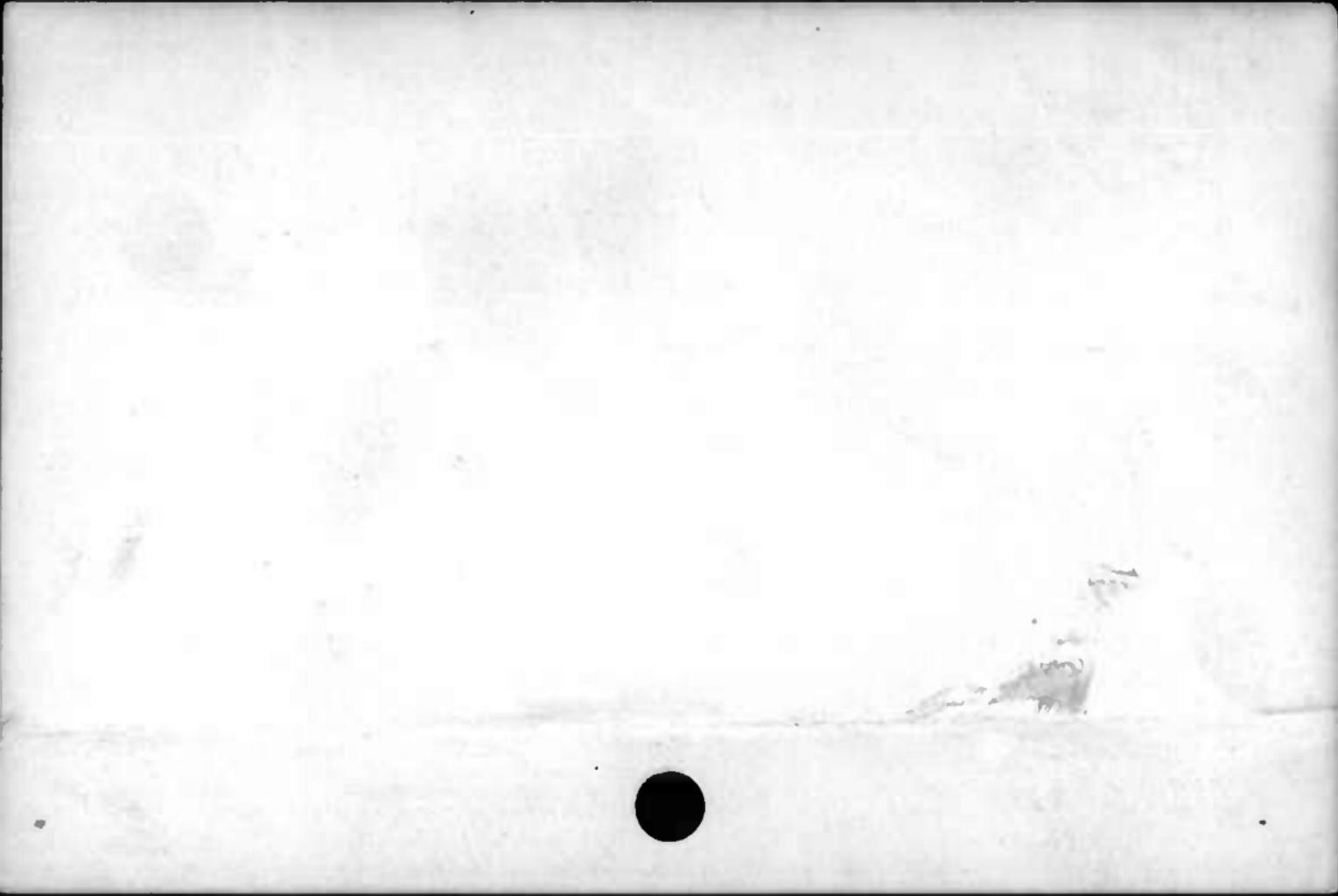
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Suicide W.M. Clash, D.P.



Lila Miller

150

Died at WilliamsportCounty Washington

MARYLAND

Died at WilliamsportMonth Sept Day 13Y. 7 M. 2 D. 13Native of Md

Occupation

Date 19 19Age Married

Widow

Divorced

Male

White

Widower

Female

Colored

Single

Number of children living

Husband

of

Wife

Father's

Name

J. W. Miller

Mother's

Lila B. MillerLila B. Bynes

How long sick

Cause of

Primary

Cerebral, spinal meningitisliver works

Death

Immediate

Prostration

Accident, Suicide, Homicide

Reported by

Mrs Richardson

Address

Williamsport Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

President and Company

James G. Woodward

W. H. Woodward

Annie Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month Sept	Day 15	Years 69	Months 9	Days 0	
Sex Female	Color or Race	White		Birth-place Md		
Married Single or Widowed	Occupation		Housewife			
Name of Husband	James Moore		170			
Father's Name	James Moore		Md			
Mother's Maiden Name	Annie Moore		Md			
Name of person giving information	John Moore		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	3 yrs
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. H. Buxton, F. D.
Bunnick		Address	Md
Accident or Suicide?			

No Dr in attendance

Drema Mowen						
Died at		Town	County	MARYLAND		
Died at		Elizabethtown	Washington			
Date	Month	Day	Y. M. D.	Native of	Occupation	
1903	9	25	51	Perry	Housewife	
Male	White	Age	Married	Widow	Divorced	
Female	Colored		Single	Widower	Number of children living	4
Husband	of Emanuel D Mowen					
Wife						
Father's Name	Robert Homer					
Mother's Maiden Name	Lorraine Jones					
Cause of Death	Primary	Consumption			How long sick	2 weeks
Death	Immediate	Hemorrhages			Accident, Suicide, Homicide	
Reported by	Wm D Blue is Undertaker					
Address	Elizabethtown, Md					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alexander Newcomer

Town Beaver Creek County Wash MARYLAND

Died at

Date 1903Month Sept.Day 3Y. 72 M. -1 D.

Native of

Wash Co

Occupation

Retired

Male

White

Age 72 Mar. 1

W.

Divorced

Female

Colored

Single

Widower

Number of children 1

Husband of _____

Wife

Father's Name

Wm. Newcomer

Mother's Maiden Name

Catherine Newcomer

Cause of

Primary

Congestion.

How long sick

1/2 hour

Death

Immediate

ParalysisAccident, Suicide, Homicide

Reported by

Dr. P. J. Davis

Address

Boonsboro  Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Jerome Peck

CERTIFICATE OF DEATH

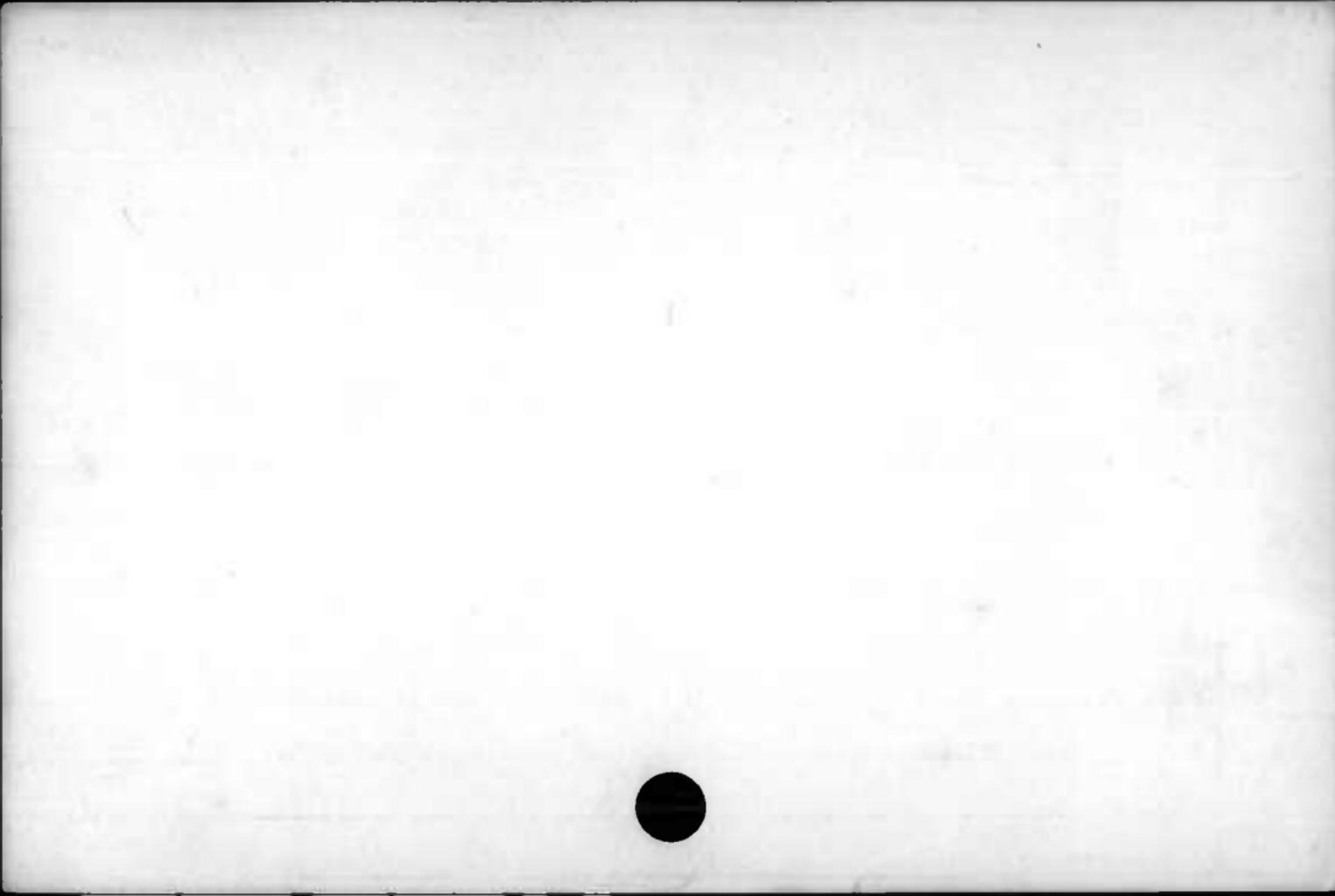
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	New Hancock	Washington			
Date of death 1903	Month 9	Day 15-	Years 72	Months 9	Days 4
Sex Male	Color or Race white	Occupation Farmer		Franklin Co Le	
Married, Single or Widowed	Married	Father's Name Jacob Peck		Father's Birthplace Le	
Name of Wife or Husband	Husband of Emily McCormic	Mother's Name Polly Davis		Mother's Birthplace	
Father's Name		Name of person giving Information		How related to deceased Son	
Mother's Maiden Name		Jacob Peck			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Paralysis Heart		
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician P. Edward Stigges,	Address Hancock, Md.
Accident or Suicide?		



Name
in
Full

Susanna Poffenberger 152

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Sept.	Day 29	Age 74	Years 5	Months 5	Days 14
Sex Female	Color or Race white	Occupation House work		Birth- place Frederick Co Md		
Married, Single or Widowed Married						
Name of Husband Simon Poffenberger						
Father's Name Nicholas Houp			Father's Birthplace Middletown			
Mother's Maiden Name Mary Catharine Detrow			Mother's Birthplace Frede Co			
Name of person giving Information Simon Poffenberger			How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Four days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

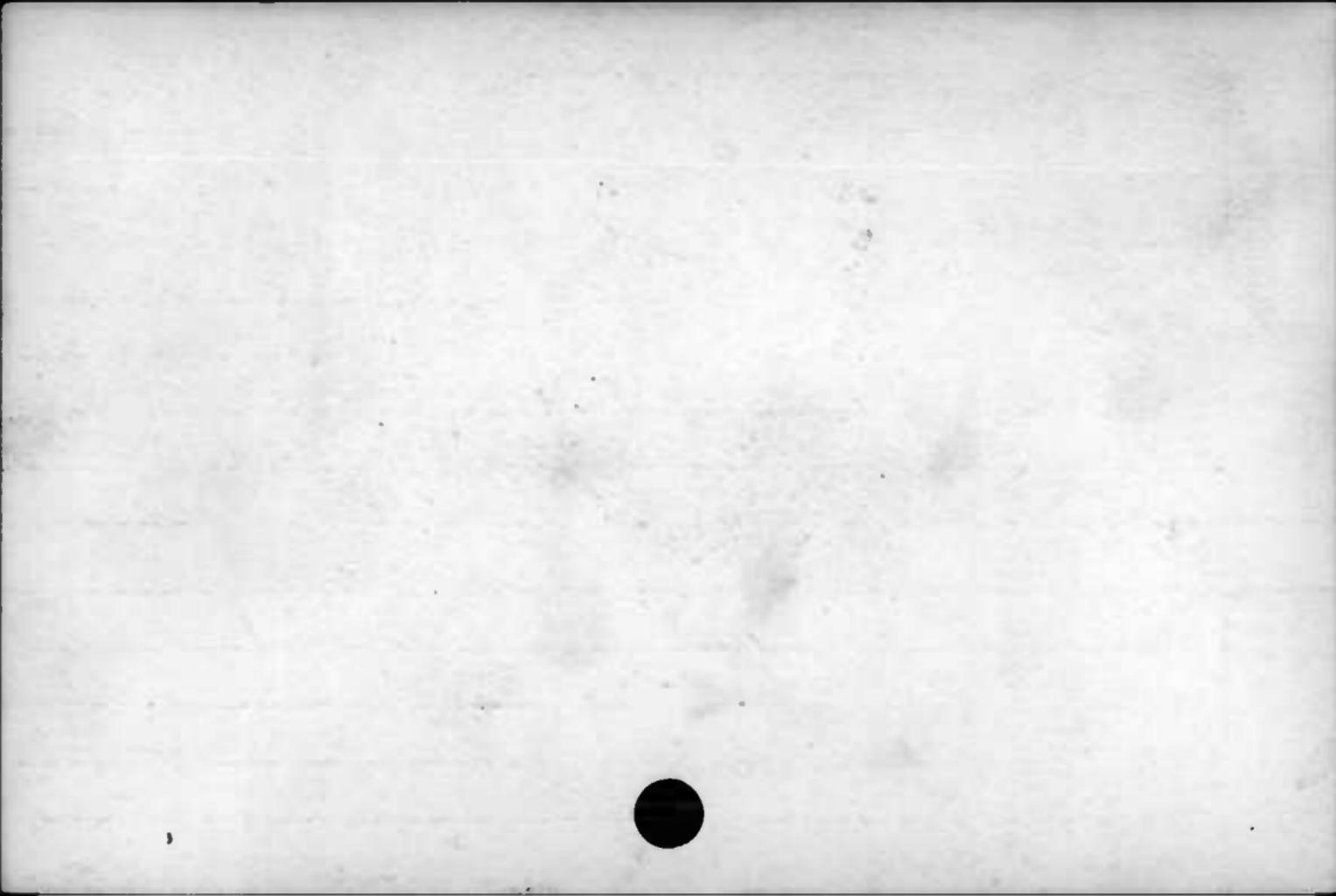
Signature of
Physician

Theo. Boose

Address

Williamsport

Accident or Suicide?



Name
in
Full

Sudie A. Reitzell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 9	Day 3	Age 56	Years	Months 8
Sex Female	Color or Race white	Occupation Housewife	Days 6		
Married Single or Widowed					
Name of Wife or Husband					
Father's Name	Jacob Reitzell				
Mother's Maiden Name	Elizabeth Middlekoff				
Name of person giving Information	Sam R. Reitzell				
Father's Birthplace	Pa.				
Mother's Birthplace	Md				
How related to deceased	Nephew				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's disease

How long

Unknown

Immediate

Peritonitis

How long

Five days

Are the name, age, sex, color, date and place correctly given above?

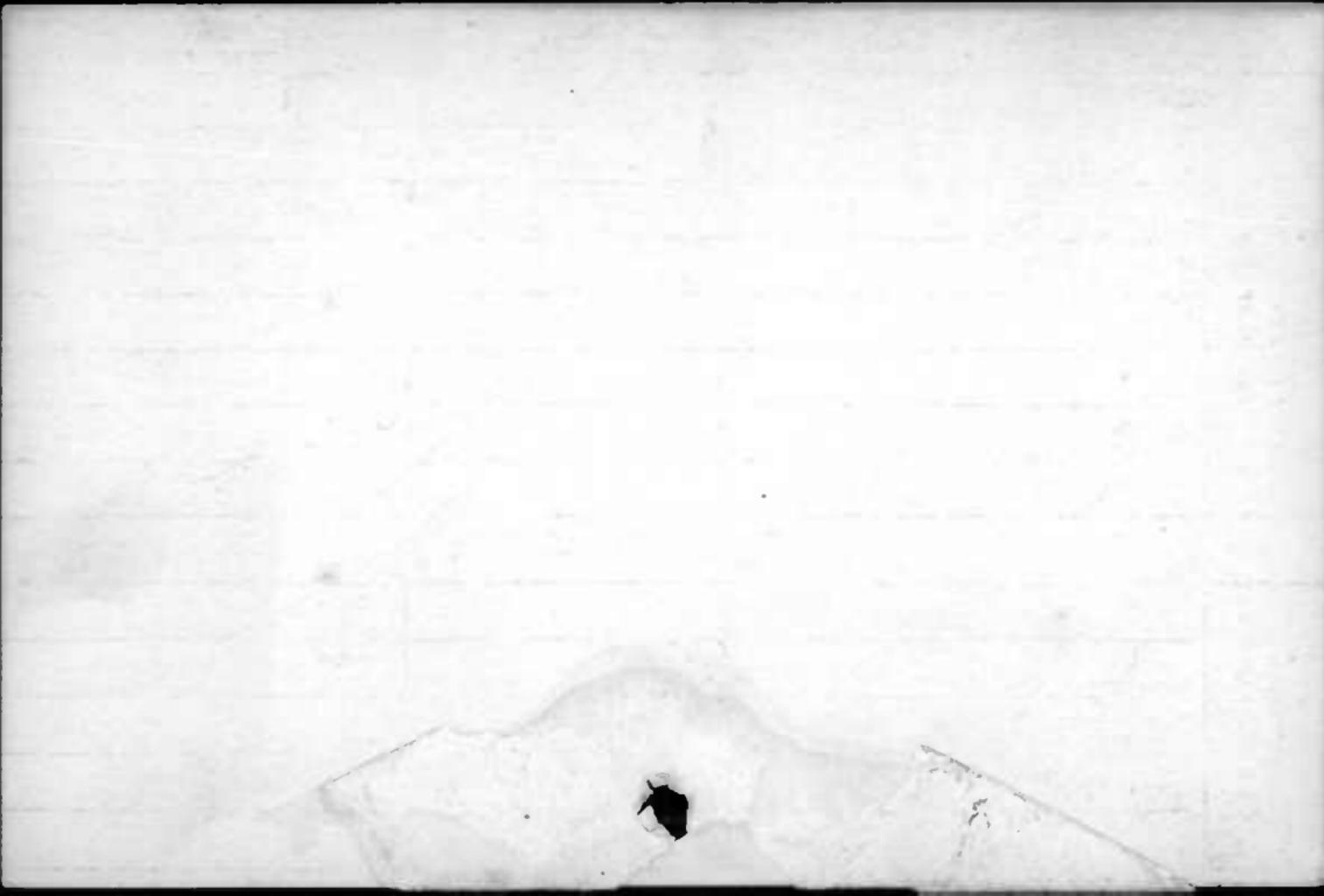
Yes

Signature of Physician

Address

Abram Thank
Clearspring
Washington Co Md

Accident or suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

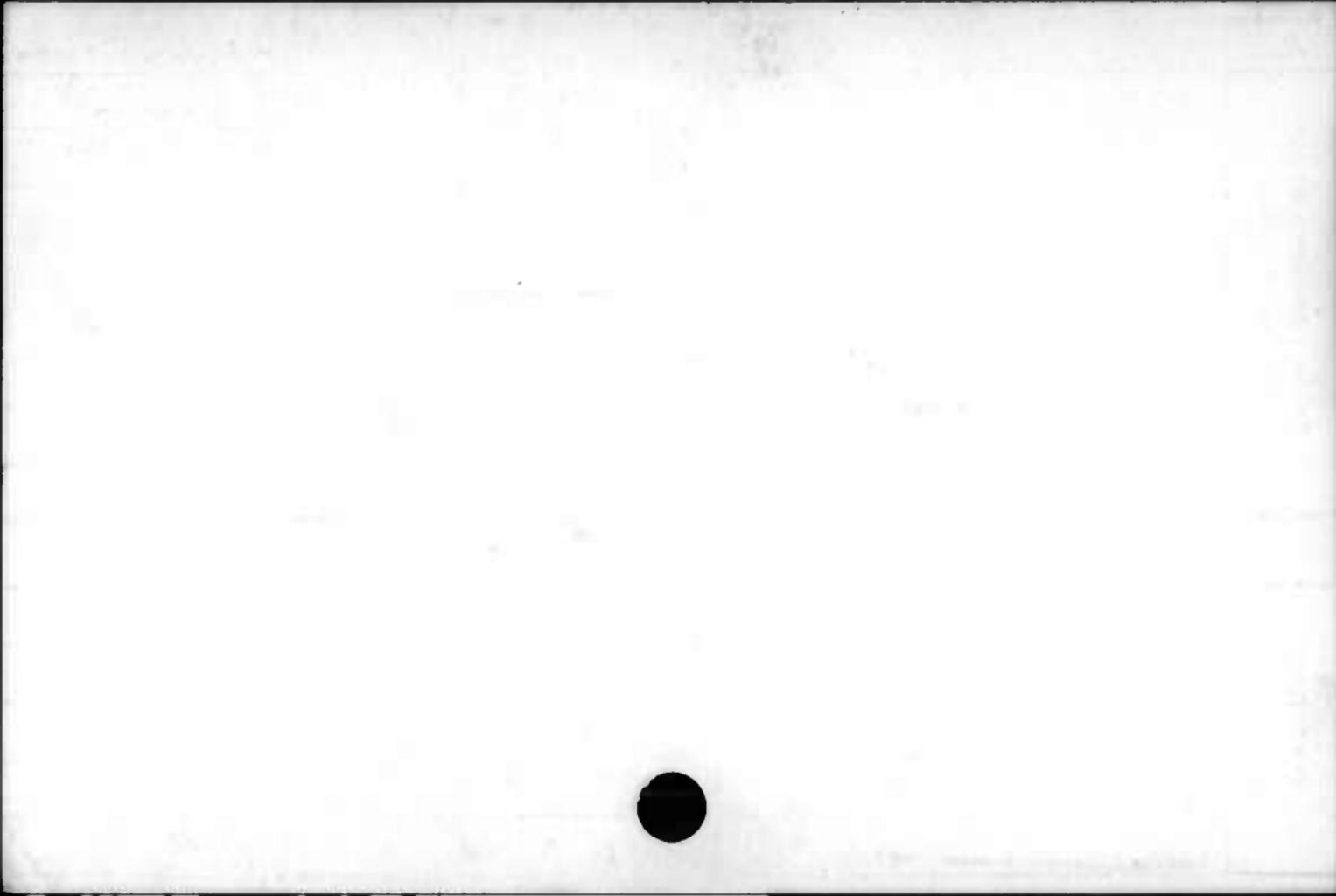
Christiana Sauer

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1903	Month 9	Day 25	Years 31	Months 3	Days 1	
Sex	Female	Color or Race	White		Birth-place	MD	
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Emmanuel Sauer				
Father's Name	Henry Sauer			Father's Birthplace	Baltimore		
Mother's Maiden Name	Catharine Horner			Mother's Birthplace	Balmer B.C.		
Name of person giving information	Emmanuel Sauer			How related to deceased	Husband		

CAUSES OF DEATH

Primary	Cancer Uterine		How long
Immediate	Edema		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ellen Wartham
		Address	16 1/2 Jessup St
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	6 hours	7	14
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alberta Brown				
Mother's Maiden Name	Julia Murphy				
Name of person giving information	father				
CAUSES OF DEATH					
Primary	Very Underdeveloped				How long
Immediate	Exhaustion				How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Name
in
Full

Otho Calvert Shank

CERTIFICATE OF DEATH

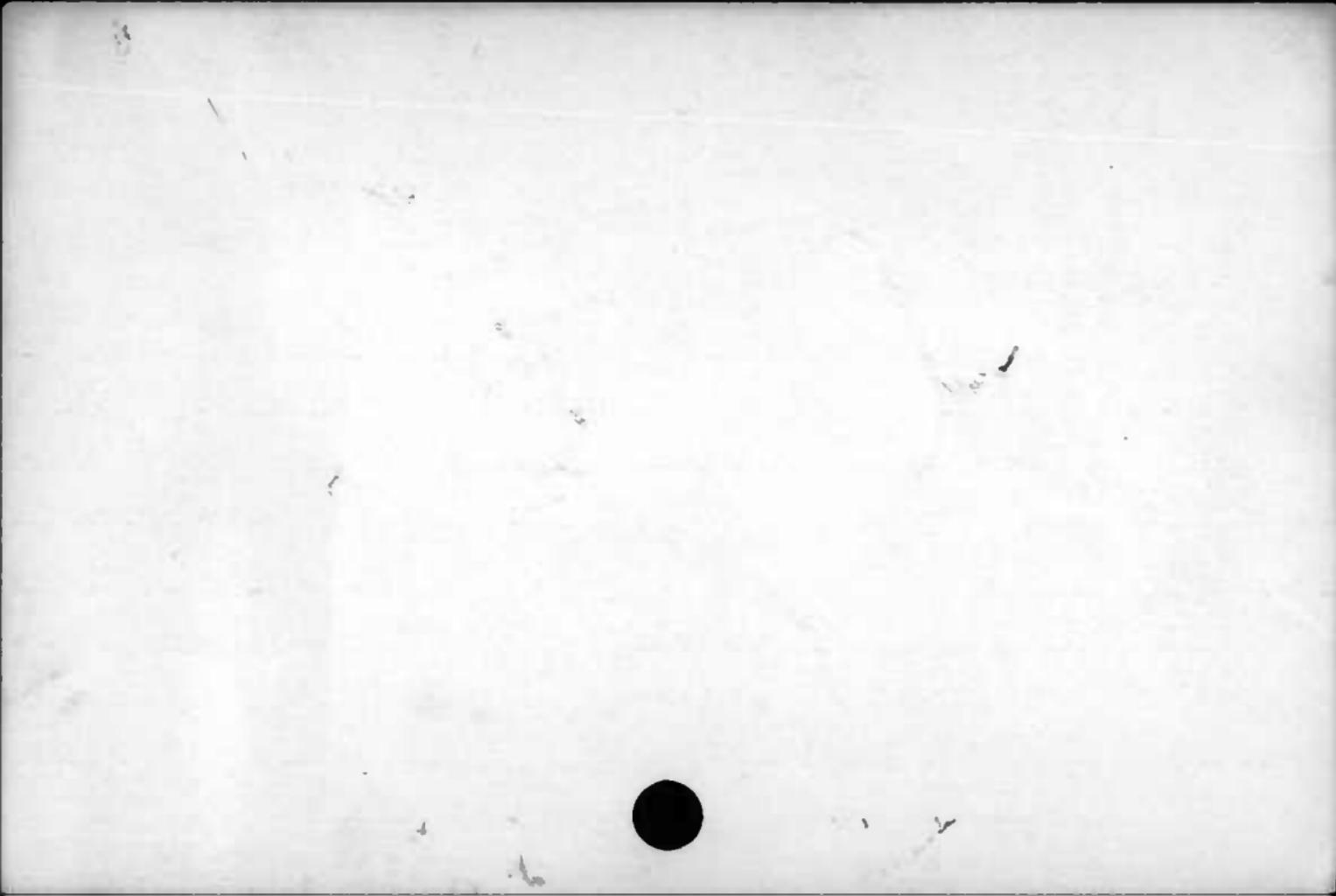
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Gaines		Washington				
Date of death 190	B	Month 9	Day 13	Year 1	Months 6	Days
Sex	Male	Color or Race	White	Birthplace	Bolivar Md.	
Married, Single or Widowed				Occupation		
Name of Wife or Husband						
Father's Name	Otho J Shank			Father's Birthplace	Md	
Mother's Maiden Name	Ella Cline			Mother's Birthplace	Md	
Name of person giving information	Charles C Gavor			How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis		How long	14 days
Immediate	Bronchopneumonia		How long	14 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Wilcox	
		Address	Kingsville, Md	



George F. Slick
 Town County
 Died at Leitersburg Washington MARYLAND
 Date 1903 Month Day Y. M. D. Native of Occupation
 Sep. 1862. 1890 Md. Mechanic
 Male White Widow Divorced Number of children living
 Female Colored Single Widower 4
 Husband of
 Wife
 Father's Name John Slick Mother's Name Elizabeth Sheets
 Maiden Name
 Cause of Death Primary Paralysis How long sick
 Immediate Pulmonary consumption one year
 Death
 Reported by G. F. Wishard, M.D.
 Address Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Rebecca M. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1903	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	Housewife	Where Residing if not et place of death			Home	
Married, Single or Widowed	Married	Name of Wife or Husband	Wm J. Smith			
Father's Name	Henry Adams			Father's Birthplace	Md	
Mother's Maiden Name	Catharine Hartman			Mother's Birthplace	Md	
Name of person giving information	Wm. Smith			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis & Endocarditis

How long

Several years

Immediate

..

How long

"

Are the name, age, sex, color, date and place correctly given above?

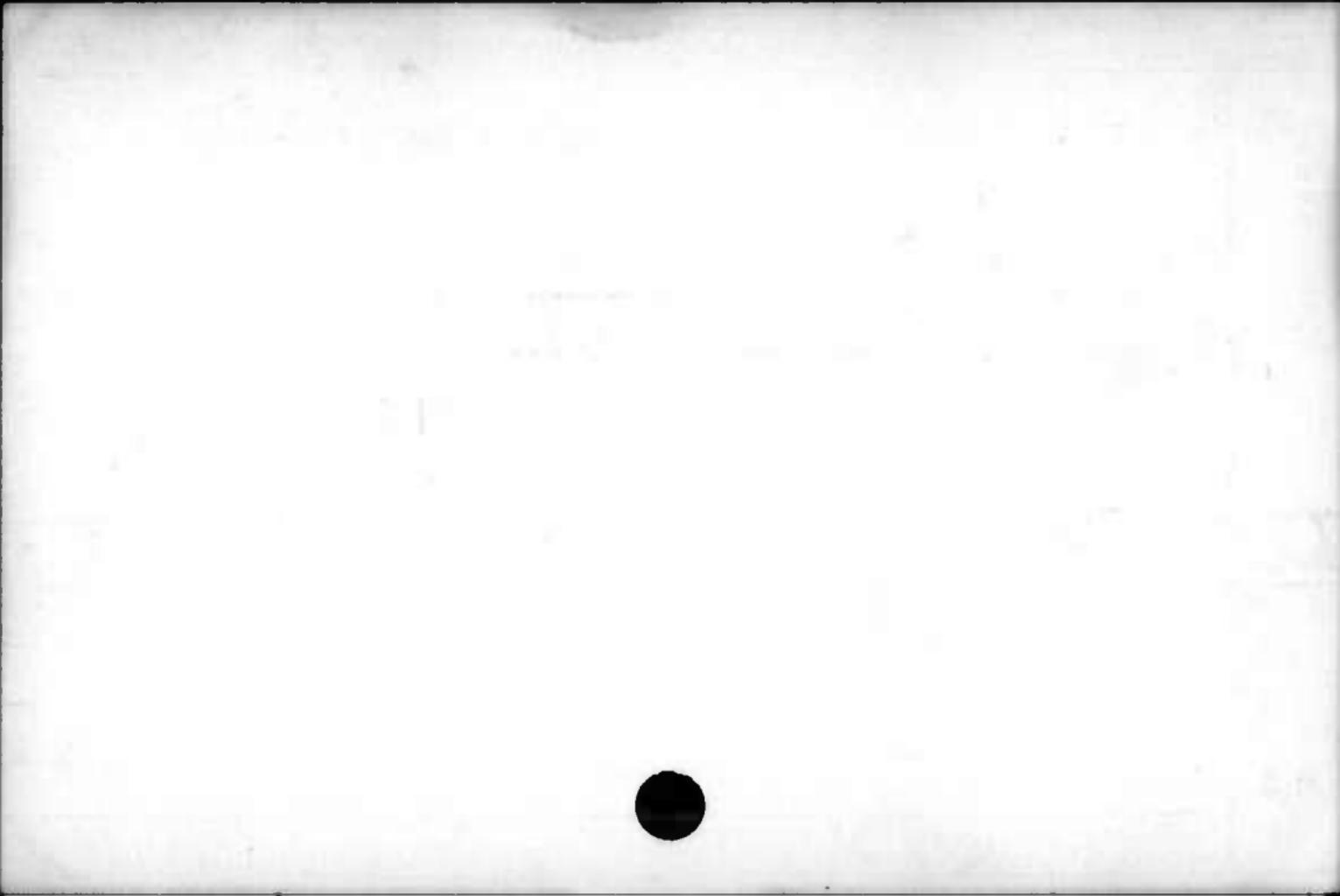
Yes

Signature of Physician

Address

Wm. Weston Miller
Hagerstown Md

Accident or Suicide?



Name
in
Full

Harvey Eugene Staup

CERTIFICATE OF DEATH

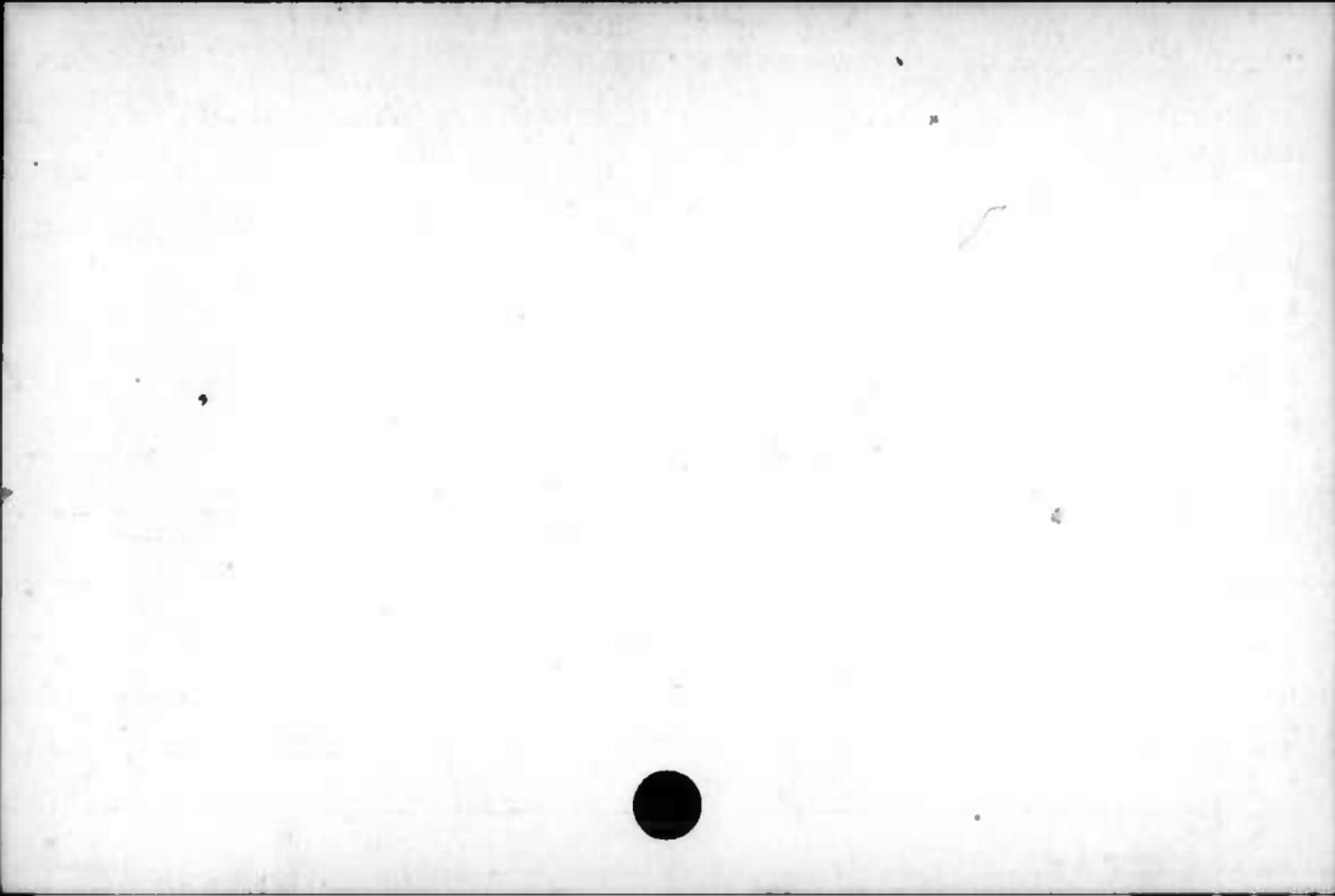
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	3	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Minetaudale		
Married, Single or Widowed	Single	Occupation			Laborer		
Name of Wife or Husband							
Father's Name	Lewis H Staup						
Mother's Maiden Name	Catharine Weddel						
Name of person giving information	Coleman Shoff						
How related to deceased Brown							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowning		How long	immediate
Immediate			How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		J. F. Krebs Undertaker		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Fannie Stine

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	44	18	27
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of wife or Husband	John Stine			
Father's Name	Chas Huffer				
Mother's Maiden Name	Mary Thomas				
Name of person giving information	John Stine				

CAUSES OF DEATH

Primary

Axthax

How long

Thawnk

Immediate

Sepliceum

How long

J. M. Scott
Hagerstown

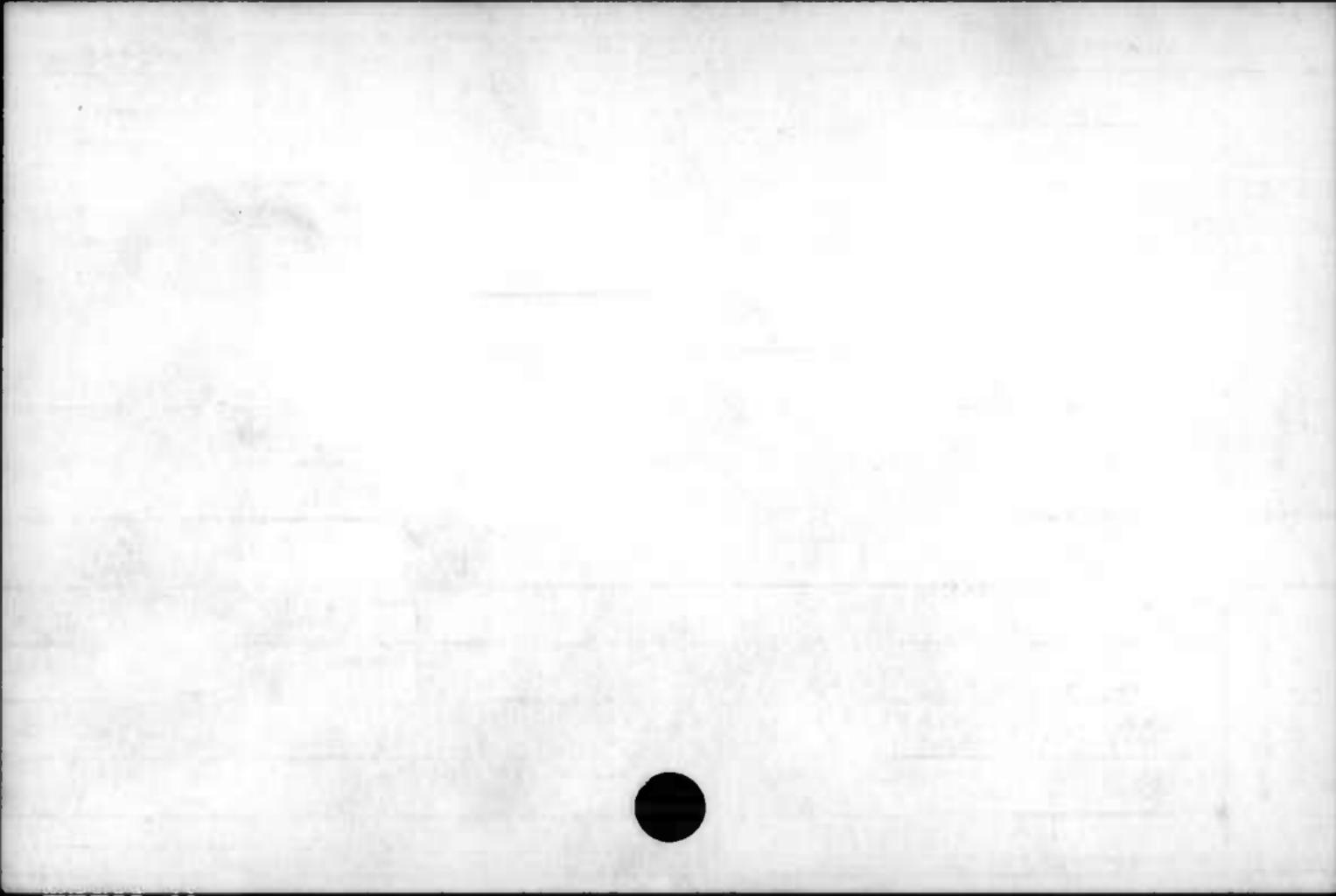
Are the name, age, sex, color, date and place correctly given above?

Yer

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Rose A Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month 9	Day 11	Age 79	Years	Months 6	Days 9
Sex Female	Color or Race	White		Occupation	House Wife	
Married or Widowed						
Name of Wife or Husband	Eli Valentine					
Father's Name	Daniel Finrock Jr.				Father's Birthplace	Pa
Mother's Maiden Name	Rose A Middle Kauff				Mother's Birthplace	Md
Name of person giving Information	Laura Valentine				How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suberculosis	How long	20 years
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. M. Stihiser
Yes		Address	Kedysville Md



Name
in
Full

Susan E Wagner

CERTIFICATE OF DEATH

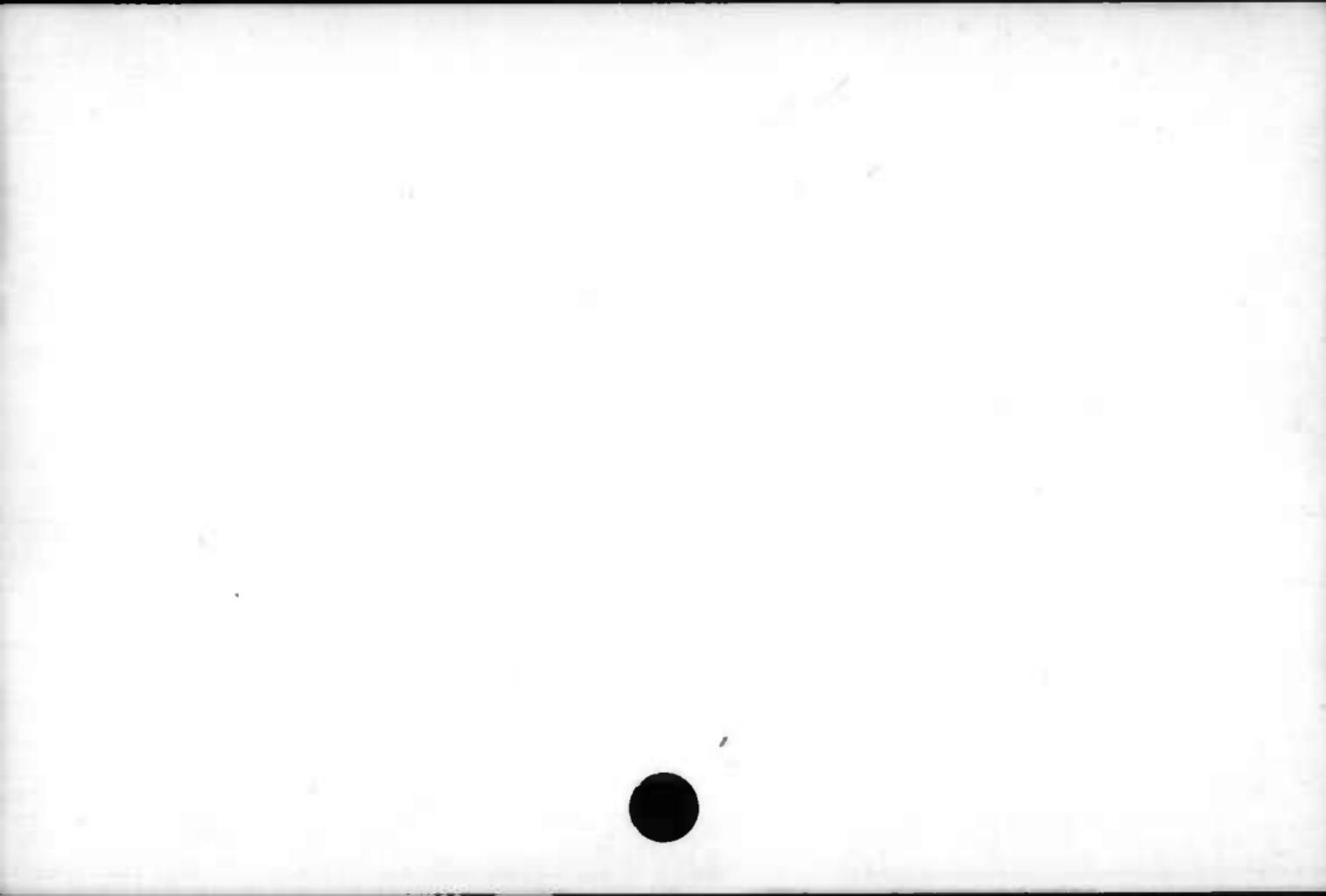
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Sept	Day 4	Age 88	Years 9	Months	Days
Sex	Female	Color or Race	White				
Occupation	House work		Where Residing if not at place of death				
Married, Single or Widowed	widowed		Name of Wife or Husband				
Father's Name	John Lusk		John		Dowtown		
Mother's Maiden Name	Sarah Boone				Southtown		
Name of person giving Information	Albert Wagner				Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright disease	How long	20 yrs
Immediate	Meritis convulsion	How long	five days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. E. Pittswole
		Address	Hagerstown Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Washpys				Tidway CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1903	Month Seph	Day 30	Age 32	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Na		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Georgia Green				
Father's Name	Thomas Washpys		Father's Birthplace Na				
Mother's Maiden Name	Annie Filypus		Mother's Birthplace Na				
Name of person giving information	Thomas Washpys		How related to deceased Brother				
CAUSES OF DEATH							
Primary	Acute Nephritis			How long		One week	
Immediate	Anemic Conv			How long			

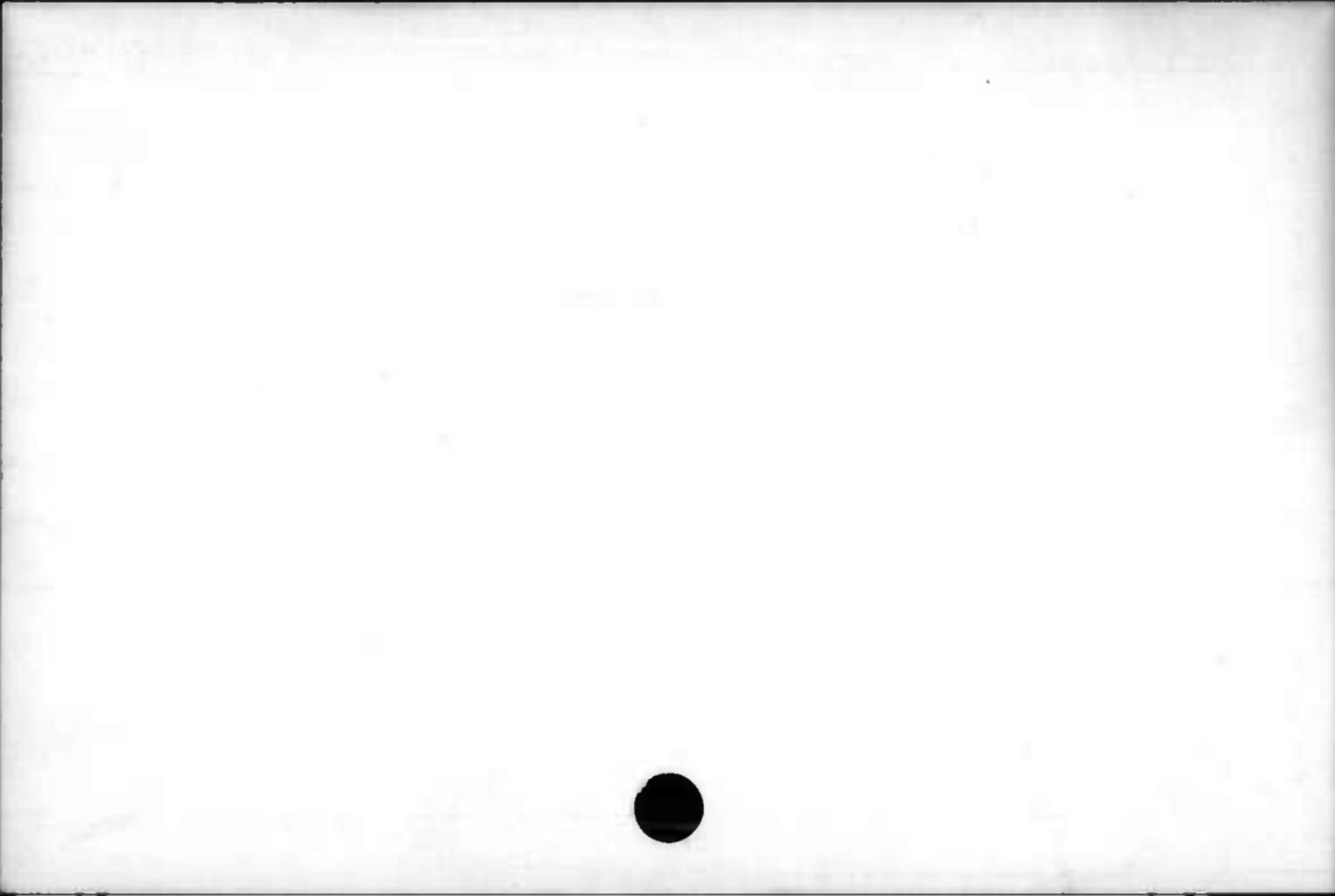
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

H. S. Denman
Hagerstown
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

David H. Wilcox

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1903	Month Sept	Day 14	Years 75	Months "	Days 18
Sex	male	Color or Race	white			
Occupation	Lawyer			Where Residing if not at place of death	Hagerstown, Md.	
Married, Single or Widowed	married	Name of Wife or Husband	Sarah Moon Wilcox			
Father's Name	George Wilcox			Father's Birthplace	Penns	
Mother's Maiden Name	Rachel			Mother's Birthplace	Penns	
Name of person giving Information	Mrs. D. H. Wilcox			How related to deceased	wife.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Susality How long

Immediate Acute Indigestion How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

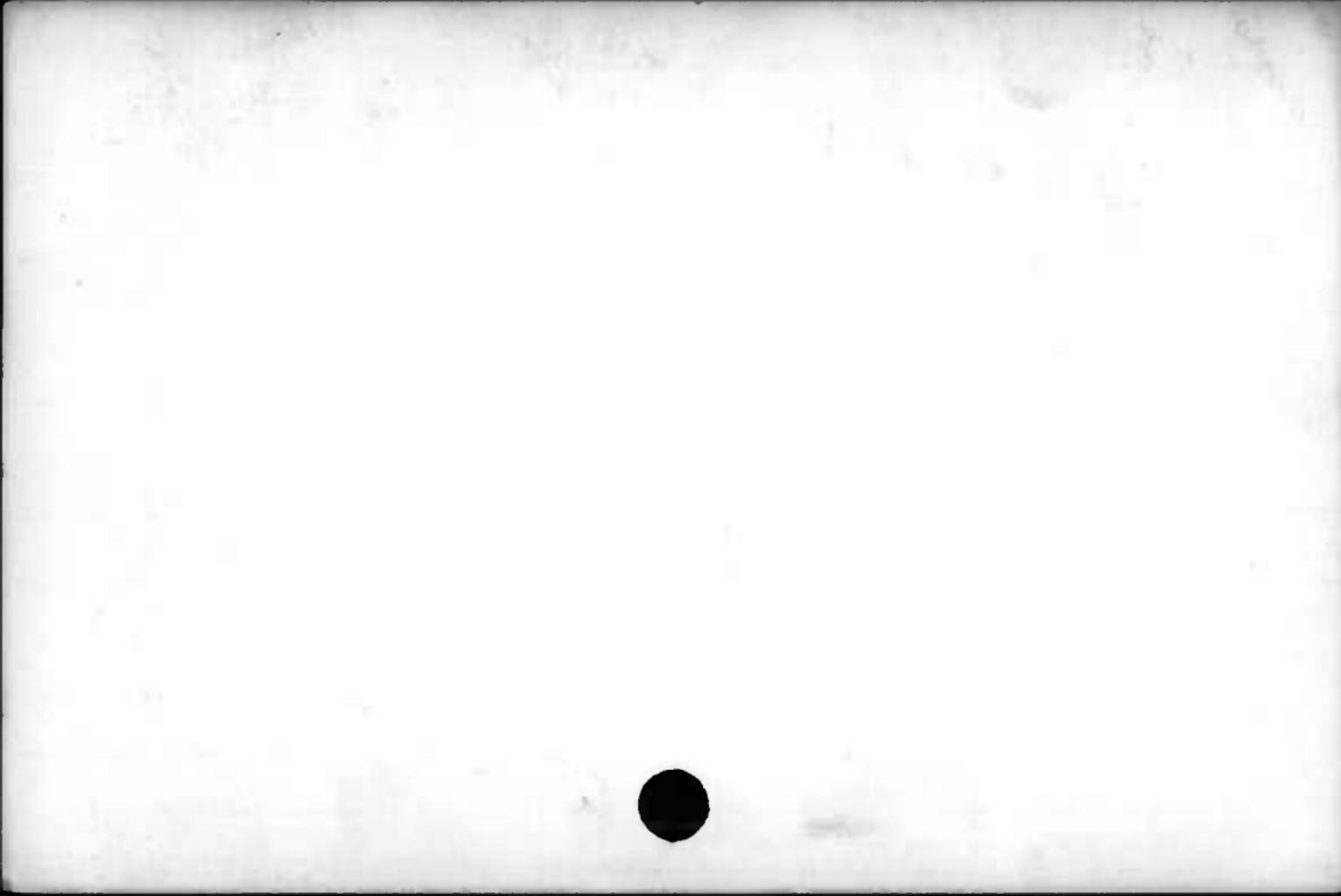
Address

411 Main St. Hagerstown MD

Hagerstown

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Mortimer Williams

CERTIFICATE OF DEATH

Died at, Hagerstown

County Washington

MARYLAND

Date of death 1903 Month Sept Day 29 Age 1 Years Months 9 Days —

Sex male

Color or Race

colored

Birth-place

md.

Occupation

child

Where Residing if not
at place of death

Hagerstown Md.

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

John Williams

Father's
Birthplace

md.

Mother's
Maiden Name

Nettie Bell

Mother's
Birthplace

"

Name of person giving
Information

John Williams

How related
to deceased

father

CAUSES OF DEATH

Primary

Enteritis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

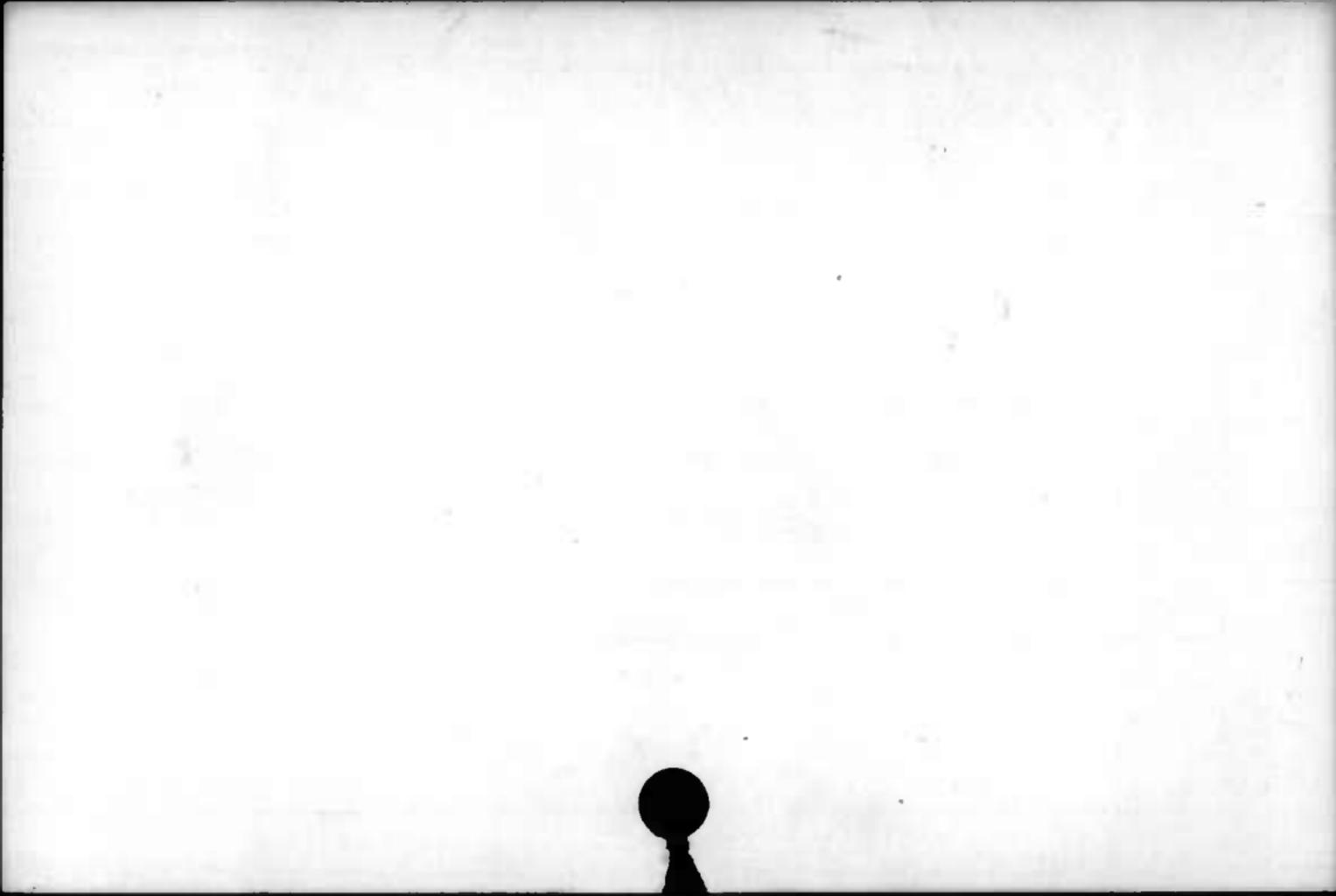
E. O. Williams

Address

Hagerstown
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Wm Henry Young
Hagerstown Washington

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	9	17	49	1	-
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Laborer				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Annies Young		
Married	Jessie Young		Father's Birthplace		
Father's Name	Maria Margal		dont know		
Mother's Maiden Name	Wife		Mother's Birthplace		
Name of person giving Information	Germany		How related to deceased		
Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

R.R. accident

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. Young
Hagerstown, Md.

Accident or Suicide?

